

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90007 011 \*\*\*150.00

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT**  
**2000**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P99000058460V**  
 1. Corporation Name  
**ITALSPAIN INC.**

80099964

Principal Place of Business Mailing Address  
**975 PINE RIDGE RD. (SAME)**  
**NAPLES, FLA. 34103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date incorporated or Qualified  
**6-29-99**

4. FEI Number: **59-3584053** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	<b>JOSE HOYO</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>4534 N. HIATUS RD.</b>
83. City	<b>SUNRISE</b>
84. State	<b>FL</b>
85. Zip Code	<b>33351</b>

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0608, Florida Statutes.

SIGNATURE *[Signature]* **U.P.** DATE **4/24/00**

12. OFFICERS AND DIRECTORS

TITLE	<b>V.P. S. T.</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSE HOYO</b>	
STREET ADDRESS	<b>4534 N. HIATUS RD.</b>	
CITY-STATE-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE	<b>SALVATORE DIEMBRIANO/PRES.</b>	<input type="checkbox"/> DELETE
NAME	<b>975 PINE RIDGE RD.</b>	
STREET ADDRESS	<b>NAPLES, FLA. 34103</b>	
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **U.P.** **Jose Hoyo** **4-24-00** **94-269-3044**

CR2E034 (1/1/98)