

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.	2b. Suite, Apt. #, etc.
22. City & State	2c. City & State
23. Zip	2d. Zip
24. Country	2e. 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	JOSE HOYO
82. Street Address (P.O. Box Number is Not Acceptable)	4534 N. HIATUS RD.
83. City	SUNRISE
84. State	FL
85. Zip Code	33351

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