PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	S80)87	9
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MARCH	iesini enterprises, inc					A A A		
Principal Plac	ce of Business	Mailing Address					- Mariella M	
1441 E FLETCHER AVE #1300 RISTORANTE FRANCESCO TAMPA FL 33612 1441 E FLETCHER AVE #1300 RISTORANTE FRANCESCO TAMPA FL 33612			300)		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifod			
2. Principal I	Place of Business	2a. Maiting Address			10/01/1991 4. FEI Number		Applied For	
21		26			59-3086451		Not Applicable	
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
City & Sta	ite	City & State			B. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be	
Zip	Country	Zip	Cou	ilry	8. This corporation owes the current year in			
24	25		0		Personal Property Tax.	N Yes	∐No _	
	9. Name and Address of Curre	int Registered Agent		81 Name	10. Name and Address of New Registered	Agent		
AHRENS, NICHOLA G. 1441 E FLETCHER AVE., ₱1300 TAMPA FL 33612			82 Street Ad	dress (P.O. Box Number is Noi Acceptable) Y E FLETCHEL A	re_			
1	•		1	84 City 7	amph FL	85 Zi	Code 3612	
office or agent. I a SIGNATURE		ela-			bon's board of directors. I hereby accept the appoint	199	registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHESINI, FRANCESCO 14516 N ROME AVE TAMPA FL	PRESIDENT		·- I		Change	Addition	
TITLE	VP	☐ D€LETE	2 1 TM	E		Change	Addition	
NAME STREET ADDRESS				EET ADDRESS		•		
CITY-ST-ZIP	TAMPA FL	□ DELETE		Y-ST-ZIP				
TITLE NAME	mare or - in		3 1 Tril	_		Change	Addition	
STREET ADDRESS	MAKK MENENI	PRESIDENT	32 NA 33 ST	EET ADDRESS			ł	
CITY-ST-ZIP	1201 LABRAD TAMPA FL 3	3613	34. CIT	Y-ST-ZIP			ł	
TITLE		DELETE	45 fell			Change	Addition	
NAME STREET ADDRESS			4 2 MA 4.3 STR	EET ADDRESS			}	
CITY-ST-ZP	1	!		r-ST-ZIP			{	
TITLE		DELETE	5.1 TITL 5.2 NAA	E	•	Change	Addition	
REALES.	Į.	•	2.1100	~		•		

61 TITLE

62 NAME

DELETE

5 3 STREET ADDRESS 5.4 (3.1Y+ST+2)P

6 3 STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-51-20

TITLE

NAME STREET ADDRESS

Change