**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S91437** **(1)**

1. Corporation Name
**AMORE MIO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~0410 LEONARDO STREET~~<br>~~CORAL GABLES FL 33140~~ | ~~0410 LEONARDO STREET~~<br>~~CORAL GABLES FL 33140~~ |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 04/29/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7220 NW 36 ST | 26 7220 NW 36 ST. |
| 22 Suite, Apt. #, etc. Suite 429 | 27 Suite, Apt. #, etc. Suite 429 |
| 23 City & State MIAMI, FL 33166 | 28 City & State MIAMI, FL 33166 |
| 24 Zip | 25 Country DADE |
| 29 Zip | 30 Country DADE |

4. FEI Number: 65-0293759 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LARRY J. BEHAR P.A.~~
~~800 S.E. THIRD AVENUE~~
~~SUITE 400~~
~~FORT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name: ALESSANDRO RESTIVO
82 Street Address (P.O. Box Number is Not Acceptable): 7220 NW 36 ST
83: Suite 429
84 City: MIAMI, FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: ALESSANDRO RESTIVO ✓ (NOTE: Registered Agent signature required when reinstating) DATE: JUNE 29, 1995
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | P VP ST ☒ Change ☐ Addition |
| NAME | RESTIVO, ALESSANDRO | 1.2 NAME | RESTIVO, ALESSANDRO |
| STREET ADDRESS | ~~0410 LEONARDO ST~~ | 1.3 STREET ADDRESS | 7220 NW 36 STREET ,Ste 429 |
| CITY-ST-ZIP | ~~CORAL GABLES FL~~ | 1.4 CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | ~~VP~~ | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~MASTOS, TED~~ | 2.2 NAME | |
| STREET ADDRESS | ~~P O BOX 6000 N/A~~ | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~BALBOA ISLAND CA~~ | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~BOLLER, DAVID~~ | 3.2 NAME | |
| STREET ADDRESS | ~~3400 CARNATION AVE~~ | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~LOS ANGELES CA~~ | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~RESTIVO, VICKI~~ | 4.2 NAME | |
| STREET ADDRESS | ~~0410 LEONARDO ST~~ | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~CORAL GABLES FL~~ | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: ✓ Restivo 7/7/95 305-591-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALESSANDRO RESTIVO, President

0040424 CP