PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V13762 1. Corporation Name

ITALTUR, CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90255 003 ***150.00



Principal Place of Business Mailing Address							JIJIN BABA DIBN BADA	Eleti oloh isat
15500 S.W. 82ND AVE. 15500 S.W. 82ND AVE.								
MIAMI FL 33157 MIA		MIAMI FL 33157	MIAMI FL 33157			DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						02/12/1992		ļ.
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	- Ar	pplied For
21		26				65-0365060	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional
22						5. Certificate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing		May Be
23 28 28			·			- Trust Fund Contribution		to Fees
Zip	Country	h	Country	,		8. This corporation owes the current year	ar Intangible Yes	□No
24	9. Name and Address of Current	29 30				Personal Property Tax. 10. Name and Address of New Registe		
	3. Name and Address of Cuffent	Kadistalan Malit	81	Name		TV. Harris and Assessor in the region	nea Ag	
SIER	IVO MARGARITA S						<u>. </u>	
15500 S.W. 82ND AVE.			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
MAIM	/II FL 33157	•	83					~
	~ ∶						as Zin	Code
	•		84	City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, to	ne abov	e-named	corpor	ation submits this statement for the purpos 's board of directors. I hereby accept the a	se of changing its	registered
agent. I a	egistered agent, or both, in the State of meaniliar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	ine corp	oration	is board of directors. Thereby accept the a	ppolitiment us to	giotoroo
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature	required v	when reinstating) DAT		200 IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE		1	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	SIERVO, I M	C Dettic					C oʻyongo	
NAME -	15500 SW 82 AVE		1.2 NAME	T ADDRESS				
STREET ADDRESS	MIAMI FL		1.4 CITY-S		'			
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TITLE	1-¢IL			Change	☐ Addition
NAME	SIERVO, MARGARITA S		2.2 NAME					
STREET ADDRESS	15500 SW 82 AVE			T ADDRESS		•		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP	Ì			}
TITLE	D		3.1 TITLE				☐ Change	☐ Addition
NAME	SIERVO, MARCO B		3.2 NAME					
STREET ADDRESS	15500_SW 82 AVE		3.3 STREE	TADDRESS				-
CITY-ST-ZIP	MAIMI FL		3.4. CITY-	T-ZIP	ļ			
TITLE	\$	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	SIERVO, MARISA		4. 2 NAME		-			ŀ
STREET ADDRESS	15500 SW 82 AVE			TADDRESS				}
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP	ļ		☐ Change	☐ Addition
TITLE	D SIEDVO MADIO D		5.1 TITLE 5.2 NAME				change	: Addition
NAME	SIERVO, MARIO P			T ADDRESS				
STREET ADDRESS	15500 SW 82 AVE		5.4 CITY-\$		Ί			
CITY-ST-ZIP	MIAMI FL		6.1 TITLE	1-ZIF	 		Change	☐ Addition
TITLE			6.2 NAME		1		0.14.190	
NAME				T ADDRESS				ļ
STREET ADDRESS			6.4 CITY-S			•		
CITY-ST-ZIP					1			

14. I hereby certify that the information supplied with this filing 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 the 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-YY3-8500