

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

FILED
Mar 11 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V19094** (4)
1. Corporation Name
CLASSICO DESSERTS, INC.



| | |
|--|--|
| Principal Place of Business 405 NW 10TH TERRACE HALLANDALE FL 33009 US | Mailing Address 405 NW 10TH TERRACE HALLANDALE FL 33009 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/02/1992 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0317066 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CICCIARELLO, ENNIO
405 NW 10TH TERRACE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

| | | |
|---|-------------------------|--------------------------------|
| 81 Name | FULVIO LANDI | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1251 SW, 178 Way | |
| 83 | | |
| 84 City | PEMBROKE PINES | 85 Zip Code FL 33029 |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typewritten or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---------------------------------|
| TITLE | PVD | 1.1 TITLE | P |
| NAME | CICCIARELLO, ENNIO | 1.2 NAME | FULVIO LANDI |
| STREET ADDRESS | 405 NW 10TH TERRACE | 1.3 STREET ADDRESS | 1251 SW 178 Way |
| CITY-ST-ZIP | HALLANDALE FL | 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33029 |
| TITLE | | 2.1 TITLE | ST |
| NAME | | 2.2 NAME | ANGELO DEL LUPO |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 353 NW 153 Lane |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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:

02/24/98 (9/4) 418 6184

CR2E034 (10/97)