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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V30792

1. Corporation Name
PER TUTTI, INC.

Principal Place of Business
1799 NORTH STATE ROAD 7
BAY 12
MARGATE, FL 33063

Mailing Address
1799 NORTH STATE ROAD 7
BAY 12
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/20/1992

4. FEI Number
65-0330134
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
John Dima
891 SW 49 CIRCLE
MARGATE, FL 33068

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	John Dima		12 NAME	
STREET ADDRESS	891 SW 49 CIRCLE		13 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068		14 CITY-ST-ZIP	
TITLE	SEC.	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Giovanni Dima		22 NAME	
STREET ADDRESS	891 SW 49 CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068		24 CITY-ST-ZIP	
TITLE	TREAS.	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	NICHOLAS Dima		32 NAME	
STREET ADDRESS	891 SW 49 CIRCLE		33 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068		34 CITY-ST-ZIP	
TITLE	VP.	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FRANK Dima		42 NAME	
STREET ADDRESS	891 SW 49 CIRCLE		43 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 report or supplemental attachment 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: _____ May 11, 1998 (954)970-5375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

CR2E034 (10/97)