

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

FILED
May 27 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 # V45339 1. Corporation Name BIG ITALY INC			
Principal Place of Business 3003 NE 183 LG. NORTH MIAMI BEACH FL 33160		Mailing Address	
2. Principal Place of Business 21 401 S. ATLANTIC BLVD Suite, Apt. #, etc		2a. Mailing Address 26 Suite, Apt. #, etc	
22 City & State FT. LAUDERDALE, FL		27 City & State	
23 Zip 33160		28 Country USA	
24		29	
9. Name and Address of Current Registered Agent RONEN ELIMELCH 401 S. ATLANTIC BLVD FT. LAUDERDALE, FL 33160		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 607.0502 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 _____ DATE _____ (Signature of person preparing and filing this report is required. (Not for Registered Agent's signature required when reinstating.)			
12. OFFICERS AND DIRECTORS 1.1 TITLE PID 1.2 NAME RONEN ELIMELCH 1.3 STREET ADDRESS 401 S ATLANTIC BLVD 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33160 1.5 TITLE VPID 1.6 NAME ZVI PERLITS 1.7 STREET ADDRESS 401 S. ATLANTIC BLVD 1.8 CITY-ST-ZIP FT. LAUDERDALE, FL 33160 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP	
14. I hereby certify that the information submitted 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 assignee 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 new, and I have attached my address.			
SIGNATURE: _____ SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ RONEN ELIMELCH President 4/30/98	

CR2E034 (10/97)