

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Banka B. Mouton
Secretary of State
1000 FIVE CORNER PLAZA

APPROVED
AND
FILED

05 MAY -1 PM 9:59

DOCUMENT # **V63377**

(8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VITTORIA HOTEL CORPORATION

2900 BELMAR STREET
FT. LAUDERDALE FL 33304

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FT. LAUDERDALE FL 33304

2. Filing Date of Report		2a. Mailing Address		3. Date of Report		3a. Date of Report	
21. Filing Date of Report		26. Mailing Address		4. Filing Number		5. Date of Report	
22. Filing Date of Report		27. Mailing Address		6. Filing Number		7. Date of Report	
23. Filing Date of Report		28. Mailing Address		8. Filing Number		9. Date of Report	
24. Filing Date of Report		29. Mailing Address		10. Filing Number		11. Date of Report	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKES, JOHN P.
150 N. FEDERAL HWY.
STE. 200
FT. LAUDERDALE FL 33301

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
			FL	

I, the undersigned, the president of said corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as registered in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am licensed with the State of Florida to practice law in the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D VEDOVE, JOSEPH J. DALLE 2900 BELMAR ST. FT. LAUDERDALE FL	NAME	MANAGER FRUTTI, ANDREA 2900 BELMAR ST FT. LAUDERDALE FLORIDA
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

I, the undersigned, certify that the information supplied with this filing is complete, correct and true to the best of my knowledge and belief. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation. I am licensed with the State of Florida to practice law in the State of Florida. I hereby accept the appointment as registered agent. I am licensed with the State of Florida to practice law in the State of Florida.

SIGNATURE: *Andrea Frutti* ANDREA FRUTTI 28 APR 95 305-564-0523
SIGNATURE AND TYPED NAME OF DIRECTOR OR OFFICER