

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69079 (4)

1. Corporation Name
MONDO UOMO, INC.



Principal Place of Business 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 MONDO UOMO Suite, Apt. #, etc.	26 MONDO UOMO Suite, Apt. #, etc.
22 4232 GULF SHORE BLVD City & State	27 4232 GULF SHORE BLVD City & State
23 NAPLES FL Zip Country	28 NAPLES FL Zip Country
24 34103 25 USA	29 34103 30

3. Date Incorporated or Qualified
10/06/1992

4. FEI Number
65-0367007

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

MANELLA, ROSS H ESQ
2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
LYNN MAMAGANIAN

82 Street Address (P.O. Box Number is Not Acceptable)
4232 GULF SHORE BLVD

83

84 City **NAPLES** **FL** **85** Zip Code **34103**

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, 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: *[Signature]* **April 28 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAMAGANIAN, LYNN	
STREET ADDRESS	4232 GULF SHORE BLVD.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **LYNN MAMAGANIAN** **April 28 1998** **(941) 420-9894**

CR2E034 (10/97)