


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90145 024 ***150.00

DOCUMENT # 840615

1. Entity Name
TAORMINA INVESTMENTS, N.V. COMPANY



Principal Place of Business: **25 SE 2ND AVENUE, 900, MIAMI FL 33131, US**

Mailing Address: **25 SE 2ND AVENUE, 900, MIAMI FL 33131, US**

2. Principal Place of Business: Suite, Apt. #, etc. **Suite 3A**

3. Mailing Address: **2150 Coral Way, Suite 3A, Miami, FL**

City & State: **Miami, FL**

Zip: **33145** Country: **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **98-0038628**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, RENE V ESQ.
25 S.E. SECOND AVE.
900 INGRAHAM BLDG.
MIAMI FL**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIOVANNI, CIRINO CANNAVO	
STREET ADDRESS	PANORAMICA DELLO STRETTO	
CITY-ST-ZIP	MESSINA, ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMACO (CURACAO) N.V.	
STREET ADDRESS	KAYA W.F.G. (JOMBI) MENSING 36 CURACAO	
CITY-ST-ZIP	NETHERLANDS ANTILLES	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PASCAZIO DE CANNAVO, EUFRASIA	
STREET ADDRESS	PANORAMICA DELLO STRETTO	
CITY-ST-ZIP	MESSINA ITALY	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *3-6-03*

DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)