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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42510 (0)

1. Corporation Name

ITALY-AMERICA CHAMBER OF COMMERCE SOUTHEAST, INC

Principal Place of Business

ONE SE 15TH RD. SUITE 150
MIAMI FL 33129
US

Mailing Address

ONE SE 15TH RD. SUITE 150
MIAMI FL 33129-1205
US3. Date Incorporated or Qualified
03/15/19913a. Date of Last Report
07/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0285429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HKE & F REGISTERED AGENT CORP.
2801 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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
NAME FURIA, ARTHUR J
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129TITLE D
NAME COLE, PAMELA
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129TITLE D
NAME RESTIVO, ALESSANDRO
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129TITLE VPD
NAME CAMPELLO, UGO
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129TITLE D
NAME COSTABEL, ATTILIO M.
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129TITLE D
NAME BRITT, DENNIS
STREET ADDRESS ONE SE 15TH RD. SUITE 150
CITY-ST-ZIP MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Scadaferri, Bruno
1.3 STREET ADDRESS One SE 15th Road, Suite 150
1.4 CITY-ST-ZIP Miami, Florida 331292.1 TITLE D/S
2.2 NAME Verita, Renzo
2.3 STREET ADDRESS One SE 15th Road, Suite 150
2.4 CITY-ST-ZIP Miami, Florida 331293.1 TITLE D/T
3.2 NAME De La Feld, Hubert
3.3 STREET ADDRESS One SE 15th Road, Suite 150
3.4 CITY-ST-ZIP Miami, Florida 331294.1 TITLE D
4.2 NAME Santoro, Giulio
4.3 STREET ADDRESS One SE 15th Road, Suite 150
4.4 CITY-ST-ZIP Miami, Florida 331295.1 TITLE D
5.2 NAME Oppenheim, Steve
5.3 STREET ADDRESS One SE 15th Road, Suite 150
5.4 CITY-ST-ZIP Miami, Florida 331296.1 TITLE D/VP
6.2 NAME Sassi, Cesare
6.3 STREET ADDRESS One SE 15th Road, Suite 150
6.4 CITY-ST-ZIP Miami, Florida 33129

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0028713

CR2E037 (9/96)