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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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P93000027647 (5)

DOCUMENT #

1. Corporation Name

A. CELLI INTERNATIONAL, INC.

A OELE	1 11412(114711101112)						
Principal Place o	of Business	Mailing Address			I SOUTHOUS HE SPING HITH DAILI ERST	40141 30110 1/8/1 19914 B/(I	ı QIQI1 SEBİ (BDİ
SUITE 1270 SUITE 1270			= =				
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 3330 US US					3. Date Incorporated or Qualified 04/12/1993	3a. Date of Last F 04/25/19	95
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0418941		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	11 7	O May Be d to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		199.032,
24	9. Name and Address of Curre	29 29 Accept	30		Florida Statutes Yes 10. Name and Address of New F	No Registered Agent	
	9. Name and Address of Curre	ut uedisteten våeur	8	1 Name	IO. Haille and Address of Henri	togretored Agont	
DOINKI EV	/ W.M		L		DO D. Namber in New Assessed	10	
BRINKLEY, W M 200 EAST LAS OLAS BLVD. SUITE 1800			8	2 Street Ad	dress (P.O. Box Number is Not Acceptat	эе)	
			8	3			
FT. LAUD	ERDALE FL 33301		8	4 City		FL 85 Z	ip Code
or registere	d agent, or both, in the State of Flor	rida. Such change was authorize	s, the above d by the co	n-named corp rporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its ointment as registered	registered office d agent. I am
SIGNATURE	n, and accept the obligations of, Sec						
	Ignature, typed or printed name of registered age	nt and little if applicable. (NOTI ND DIRECTORS	E Registered Ac	jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	ORS IN 12
TITLE	D OFFICERS AI	DELETE DELETE	1, 1 TITL	E		Change	Addition
NAME	BRINKLEY, W M	<u></u>	1.2 NAM		D MAURO CELLI		
STREET ADDRESS	200 EAST LAS OLAS BLVD.			ET ADDRESS	VIA ROMANA OVEST 212		
CITY-SI-ZIP	FT. LAUDERDALE FL 33301		1.4 City	-ST-ZIP	55016 PORCARI (LUCCA	1_TOAT.V	
TITLE	PSD	DELETE	2. 1 TITL	E	D	Change	Addition
NAME	MOLLER, ANDERS	PLI FLD	2.2 NAM		DR. ALESSANDRO CELLI		
STREET ADDRESS	200 E LAS OLAS BLVD, 127	IN FLK		ET ADDRESS	VIA ROMANA OVEST 212		
City-St-ZIP	FT LAUDERDALE FL		3 1 TITL	- ST-ZiP	55016 PORCARI (LUCCA) ITAIPY Change	Addition
TITLE NAME		الما مديدة	3 2 NAM				~
STREET ADDRESS				EET ADDRESS			
CITY-ST-7:P			3.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	4. 1 TITL	E		Change	Addition
NAME			4.2 NAM	ε			
STREET ADDRESS			4.3 STRE	EET ADDRESS			
CITY-ST-ZIP		DELETE		-ST-ZIP		☐ Change	☐ Addition
TITLE			5. 1 TITL 5.2 NAM			□ cuange	
NAME expect anopece				EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
TITLE	DELETE		6 1 TITL			☐ Change	Addition
NAME		-	6.2 NAM	IE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP		1		-ST-ZIP		0.7(0)	
14. I do hereby	certify that the information supplied the information indicated on this an	nun annatar cunnin attatan	al remort ic	true and acci	y for the exemption stated in Section 119 urate and that my signature shall have the	a same legal effect as	if made under
oath; that I	am an officer or director of the corp	recommend the recommend or style	empowere	d to execute	this report as required by Chapter 607, F	lorida Statutes; and t	nat my name
appears in	Block 12 or Block 13 if changed,	on ag attachme/1/1/th log addre				_	4 4
SIGNAT	URE:	Muller			4/15/96	954-524 Dayting Priori	0024
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	F OR DIRECTO	P	Date	Daytime Prion	e #