

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000019824 (9)**

1. Corporation Name
SAN BENEDETTO, ACQUA MINERALE SAN BENEDETTO, INC



Principal Place of Business: **8010 W. DRIVE #380 MIAMI FL 33141 US**
Mailing Address: **P. O. BOX 415144 MIAMI FL 33141 US**

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields for additional locations.

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report: **05/01/1995**
4. FID Number: **65-0573295**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NIGRELLI, ANTONIONO
8010 W DRIVE UNIT 378
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent (81-84)
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 607.0502 and 607.1506, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
 1. TITLE: DELETE
 NAME: **PTD NIGRELLI, ANTONINO**
 STREET ADDRESS: **8010 W DRIVE UNIT 378**
 CITY-ST-ZIP: **NORTH BAY VILLAGE FL 33141**
 2. TITLE: DELETE
 NAME: **VSD PANI, ELIANA L**
 STREET ADDRESS: **8010 W DRIVE UNIT 378**
 CITY-ST-ZIP: **NORTH BAY VILLAGE FL 33141**
 3. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 4. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 5. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 6. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: Change Addition
 NAME: **VSD NIGRELLI ANTONINO**
 STREET ADDRESS: **8010 WEST DRIVE UNIT 380**
 CITY-ST-ZIP: **NORTH BAY VILLAGE, FL, 33141**
 2. TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 3. TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 4. TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 5. TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 6. TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on stated in Section 119.07(3)(b), 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 appointment with an address.

SIGNATURE: *M.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/96 754-2924

CR2E034 (12/95)