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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000020354** **(4)**

1. Corporation Name
STORTA, GONZAGA ET SUISSE GROUP LTD., INC.

Principal Place of Business	Mailing Address
601 Brickell Key Dr. Suite E Miami, Fl 33131	601 Brickell Key Dr Suite E Miami, Fl 33131

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report: 06/27/1995

2. Principal Place of Business	2a. Mailing Address
21 520 Brickell Key Dr.	26 520 Brickell Key Dr.
Suite Apt. # etc 22 Suite 305	Suite, Apt. #, etc. 27 Suite 305
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

4. FEI Number: 65-0479013 ☐ Applied For ☐ Not Applicable

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

Haber, Robert M
520 Brickell Key Dr. #305
Miami, Fl 33131

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 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, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jose Luis Llanes 601 Brickell Key Dr., Suite E Miami, Fl 33131 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 520 Brickell Key Dr. #305 Miami, Fl 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Maria Teresa Parra 601 Brickell Key Dr, Suite E Miami, Fl 33131 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 520 Brickell Key Dr #305 Miami, Fl 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/AS Haber, Robert M 520 Brickell Key Dr. Suite 305 Miami, Fl 33131 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: _____ Robert M. Haber, Vice President 4/29/97 (305) 374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #