

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000084644 (1)**

1. Corporation Name  
**MARTESINI INTERNATIONAL CORPORATION**



Principal Place of Business: **8257 NW 56TH STREET SUITE 100 MIAMI FL 33166 US**  
 Mailing Address: **8257 NW 56TH STREET SUITE 100 MIAMI FL 33166 US**

2. Principal Place of Business: **8501 NW 17 St. Suite 126 Miami, FL 33126 USA**  
 2a. Mailing Address: **8501 NW 17 St. Suite 126 Miami, FL 33126 USA**

3. Date Incorporated or Qualified: **11/17/1994**  
 3a. Date of Last Report: **07/21/1995**  
 4. FFI Number: **65-0542919**  
 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: **WANNEMACHER, NATHAN 8257 NW 56TH STREET SUITE 100 MIAMI FL 33166**  
 10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): 8501 NW 17 St, Ste. 126 83 [Blank] 84 City: Miami FL 85 Zip Code: 33126**

11. Pursuant to the provisions of Sections 607.0402 and 607.1309, Florida Statutes, the above named corporation hereby certifies that the above named corporation has authorized by the corporation's board of directors, I, the undersigned, to act as its registered agent, and I hereby accept the appointment as registered agent, I am

SIGNATURE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|-----------------------------|---|-------------------------|
| TITLE: PD                  | DA ASSUNCAO FONTES R, MARIO | 1. TITLE:   | [Blank]                 |
| NAME:                      | 155/2707-TIJUCA-20511-230   | 2. NAME:  | [Blank]                 |
| STREET ADDRESS:            | RIO DE JANIERO-BRAZIL       | 3. STREET ADDRESS:                                    | [Blank]                 |
| CITY-STATE-ZIP:            | [Blank]                     | 4. CITY-STATE-ZIP:                                    | [Blank]                 |
| TITLE: VD                  | AGOSTINI, MARCELO M         | 5. TITLE:   | VD                      |
| NAME:                      | 198/407-LEBLON              | 6. NAME:  | Agostini, Marcelo M.    |
| STREET ADDRESS:            | RIO DE JANIERO-BRAZIL       | 7. STREET ADDRESS:                                    | 8501 NW 17 St. Ste. 126 |
| CITY-STATE-ZIP:            | [Blank]                     | 8. CITY-STATE-ZIP:                                    | Miami, FL 33126         |
| TITLE: S                   | WANNEMACHER, NATHAN         | 9. CITY-STATE-ZIP:                                    | Registered Agent        |
| NAME:                      | 8257 NW 56TH STREET         | 10. NAME:   | Wannemacher, Nathan     |
| STREET ADDRESS:            | MIAMI FL                    | 11. STREET ADDRESS:                                   | 8501 NW 17 St. Ste. 126 |
| CITY-STATE-ZIP:            | [Blank]                     | 12. CITY-STATE-ZIP:                                   | Miami, FL-33126         |
| TITLE:                     | [DELETE]                    | 13. TITLE:  | [Blank]                 |
| NAME:                      | [DELETE]                    | 14. NAME:   | [Blank]                 |
| STREET ADDRESS:            | [DELETE]                    | 15. STREET ADDRESS:                                   | [Blank]                 |
| CITY-STATE-ZIP:            | [DELETE]                    | 16. CITY-STATE-ZIP:                                   | [Blank]                 |
| TITLE:                     | [DELETE]                    | 17. TITLE:  | [Blank]                 |
| NAME:                      | [DELETE]                    | 18. NAME:   | [Blank]                 |
| STREET ADDRESS:            | [DELETE]                    | 19. STREET ADDRESS:                                   | [Blank]                 |
| CITY-STATE-ZIP:            | [DELETE]                    | 20. CITY-STATE-ZIP:                                   | [Blank]                 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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. If I am an officer or director of the corporation or the manager 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 of this report or on an attachment with an address.

SIGNATURE:

*Nathan Wannemacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Wannemacher

3/12/96

(305) 592-0021

CR2E034 (12/95)