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**Mar 03 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000084644 (1)**

1. Corporation Name  
**MARTESINI INTERNATIONAL CORPORATION**



Principal Place of Business  
**8501 NW 17TH ST.  
 126  
 MIAMI FL 33126  
 US**

Mailing Address  
**8501 NW 17 ST.  
 126  
 MIAMI FL 33126-1000  
 US**

3. Date Incorporated or Qualified <b>11/17/1994</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>65-0542919</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8501 NW 17th St.</b> Suite, Apt. #, etc. 22 <b>No. 127</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33126</b>	2b. Mailing Address 26 <b>8501 NW 17th St.</b> Suite, Apt. #, etc. 27 <b>No. 127</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33126</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**WANNEMACHER, NATHAN  
 8501 NW 17 ST.  
 SUITE 126  
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name <b>Wannemacher, Nathan</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8501 NW 17th St.</b>
83 <b>No. 127</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33126</b>

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.  
**Nathan Wannemacher**  
 SIGNATURE: \_\_\_\_\_ DATE: **01/10/97**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>DA ASSUNCAO FONTES R, MARIO</b>	
STREET ADDRESS <b>155/2707-TIUCA-20511-230</b>	
CITY-ST-ZIP <b>RIO DE JANIERO-BRAZIL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>AGOSTINI, MARCELO M</b>	
STREET ADDRESS <b>8501 NW 17 ST SUITE 126</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>REGISTERED AGENT NATHAN WANNEMACHER</b>	
STREET ADDRESS <b>8501 NW 17 ST SUITE 126</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>8501 NW 17th St. No. 127</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>8501 NW 17th St. No. 127</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form 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 \_\_\_\_\_ address.

SIGNATURE: **Marcelo MP Agostini**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01/10/97** (305)5-2-0021  
 Date Deadline Phone #

CR2E034 (9/96)