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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 OCT 22 AM 10:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000084644
 1. Corporation Name
MARTESINI INTERNATIONAL CORPORATION



Principal Place of Business 8501 N.W. 17 ST. #127 MIAMI, FL 33126 US	Mailing Address 8501 N.W. 17 ST. #127 MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1994	4. FEI Number 65-0542919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 601 HARBOR DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 491332 Suite, Apt. #, etc.
22 City & State 23 KEY BISCAIYNE, FL	27 City & State 28 KEY BISCAIYNE, FL
24 33149 25 USA	29 33149-1332 30 USA

9. Name and Address of Current Registered Agent
 WANNEMACHER, NATHAN
 8501 N.W. 17 ST.
 #127
 MIAMI, FL 33126

10. Name and Address of New Registered Agent

81 Name AGOSTINI, MARCELO M.
82 Street Address (P.O. Box Number is Not Acceptable) 601 HARBOR DRIVE
83
84 City KEY BISCAIYNE FL 85 Zip Code 33149

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 *Marcelo M. Agostini* 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 P <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AGOSTINI, MARCELO M.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
STREET ADDRESS 8501 N.W. 17 ST., #127	601 HARBOR DRIVE	KEY BISCAIYNE, FL 33149	
CITY-ST-ZIP MIAMI, FL 33126	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
NAME DA ASSUNCAO FONTES R, MARIO	3.1 TITLE	3.2 NAME	
STREET ADDRESS 155/2707-TIJUCA-20511-230	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
CITY-ST-ZIP RIO DE JANIERO-BRAZIL	4.1 TITLE	4.2 NAME	
TITLE S <input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
NAME NATHAN WANNEMACHER	5.1 TITLE	5.2 NAME	
STREET ADDRESS 8501 N.W. 17 ST., #127	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
CITY-ST-ZIP MIAMI, FL 33126	6.1 TITLE	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Marcelo M. Agostini* SEP 24 1999 X
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #