

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000015315 (1)**

1. Corporation Name
AVANTI IMPORT/EXPORT, INC.



Principal Place of Business: **525 MERIDIAN AVE. APT. 204 MIAMI BEACH FL 33139**
Mailing Address: **525 MERIDIAN AVE. APT. 204 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **02/23/1995**
3a. Date of Last Report
4. FEI Number: **65-0566019**
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

2. Principal Place of Business: **21 SAME**
2a. Mailing Address: **26 SAME**
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip Country
25. Country
29. Zip Country
30.

9. Name and Address of Current Registered Agent
**MASCARELL, MAGLIO
525 MERIDIAN AVE.
APT. 204
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 is 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: *Maglio Masciulli* **4/15/96**

12. OFFICERS AND DIRECTORS
TITLE: **DPST** DELETE
NAME: **MASCARELL, MAGLIO**
STREET ADDRESS: **525 MERIDIAN AVE., APT. 204**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2. 1. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3. 1. TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4. 1. TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5. 1. TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS: **500001808615**
5.4 CITY-ST-ZIP: **-05/06/98--01025--010**
6. 1. TITLE Change Addition
6.2 NAME: *****200.00**
6.3 STREET ADDRESS
6.4 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 stated in Section 119.07(3)(k), 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: *Maglio Masciulli* **4/15/96** (305) 532 5972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FR2E034 (12/95)