

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90064 033 ***150.00

017884

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000073143**

1. Corporation Name
BRAZZOLI OF THE AMERICAS, INC.



Principal Place of Business MIAMI INTERNATIONAL COMMERCE CENTER 2001 NORTHWEST 79TH AVENUE MIAMI FL 33126	Mailing Address MIAMI INTERNATIONAL COMMERCE CENTER 2001 NORTHWEST 79TH AVENUE MIAMI FL 33126
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/04/1996	Applied For Not Applicable
4. FEI Number 65-0696778	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	CANZIANI, NICOLA	
STREET ADDRESS	VIA MARCONI 22 / 21052 BUSKO ARSIZIO	
CITY-ST-ZIP	ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAZZOLI, GIANPIETRO	
STREET ADDRESS	VIA LONGO NO. 7/A / 20030 SENAGO (MI)	
CITY-ST-ZIP	ITALY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MELOCCHI, LOUIS J	
STREET ADDRESS	1046 HARVARD ROAD	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCCARTNEY, ROBERT C	
STREET ADDRESS	600 GRANT ST., 42ND FLOOR	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINKEL, HOWARD A	
STREET ADDRESS	1324 FIRWOOD DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Louis J Melocchi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99 (412) 247-3763
 Date Daytime Phone #

CR2E034 (1/98)