

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000091485 (8)  
1. Corporation Name  
FLEGREA INVESTMENT CORPORATION



Principal Place of Business: 2457 COLLINS AVENUE STE 1206 MIAMI BEACH FL 33140  
Mailing Address: 2457 COLLINS AVENUE STE 1206 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

PLEASE CHANGE TO  
2. Principal Place of Business  
21 3095 S.W. 39th Avenue  
Suite, Apt. #, etc.  
22 MIAMI FLORIDA  
23 33146-1506 U.S.A.  
24 33146-1506 25 U.S.A.

PLEASE CHANGE TO  
2a. Mailing Address  
26 3095 S.W. 39th Avenue  
Suite, Apt. #, etc.  
27 MIAMI FLORIDA  
28 33146-1506 U.S.A.  
29 33146-1506 30 U.S.A.

3. Date Incorporated or Qualified: 11/07/1996  
4. FEI Number: 65-0708592 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
AMBROSINO, GENARO  
2457 COLLINS AVENUE  
STE 1206  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent  
81 Name: AMBROSINO GENARO  
82 Street Address (P.O. Box Number is Not Acceptable): 3095 S.W. 39th Avenue  
83  
84 City: MIAMI FL 85 Zip Code: 33146

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMBROSINO, MIGUEL	
STREET ADDRESS	901 PONCE DE LEON BLVD. STE 701	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMBROSINO MICHELE	
1.3 STREET ADDRESS	3095 SW 39th Avenue	
1.4 CITY-ST-ZIP	MIAMI FL 33146	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AMBROSINO GENARO	
2.3 STREET ADDRESS	3095 S.W. 39th Avenue	
2.4 CITY-ST-ZIP	MIAMI FL 33146	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSANNA DE AMBROSINO	
3.3 STREET ADDRESS	3095 S.W. 39th Avenue	
3.4 CITY-ST-ZIP	MIAMI FL 33146	
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 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.

SIGNATURE: *Geno Aloin* March 9/1998 (305)4452211

CR2E034 (10/97)