

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000058893

**Entity Name:** BRUNI GLASS PACKAGING, INC.

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
MIAMI, FL 33131

**Current Mailing Address:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
MIAMI, FL 33131

**FEI Number:** 20-1021332

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD., SUITE 1600 (A4F)  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DCEO  
Name DEL BON, GINO  
Address 201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
City-State-Zip: MIAMI FL 33131

Title DPS  
Name DEL BON, ROBERTO  
Address 201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
City-State-Zip: MIAMI FL 33131

Title CFO  
Name KOR, RAY  
Address 201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GINO DEL BON

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date