2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000086884

Entity Name: NERVI USA CORP.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD STE 2490 MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD STE 2490 MIAMI, FL 33131 US

FEI Number: 81-4302140

Name and Address of Current Registered Agent:

GALGANO MIAMI CORP. 2 SOUTH BISCAYNE BLVD STE 2490 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 | NICHOLAS C. SHIDDELL | | | 04/18/2017 |
|---------------------------|--|-----------------|-------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | P, S, D | Title | VP | |
| Name | RUGGERI, PIERO | Name | NERVI, ALESSANDRO | |
| Address | 1000 5TH STREET STE 221 | Address | VIA ATANASIO KIRCHER 12 | |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | ROME IT 00197 | |
| Title | т | | | |
| Name | PICCOLO, STEFANO | | | |
| Address | VIA ARCHIANO 17 | | | |
| City-State-Zip: | ROME IT 00199 | | | |

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: PIERO RUGGERI

P, S, D

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2017 Secretary of State CC0550926233

Certificate of Status Desired: No