

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90032 036 \*\*\*150.00

49024213



02272004 Chg-P CR2E034 (10/03)

4. FEI Number **98-0050925** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER  
100 CHOPIN PLAZA  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CANELLI, LUIGI	
STREET ADDRESS	4 RUE MEYER BEER	
CITY-ST-ZIP	PARIS, FR	
TITLE	CCEO	<input checked="" type="checkbox"/> Delete
NAME	STANINIATI, GENNARO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUZZONATO, GIORGIO	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 900	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIATTANASIO, LEONARDO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LENTI, GIOVANNI	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	URIZIO, GIOVANNI	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto Di MONTEZEMOLO	
STREET ADDRESS	701 Brickell Ave 9th Floor	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	EDUARDO BACIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Directeur General	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	
TITLE	A. DUFAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Directeur General Adjoint.	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #