

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852801 (0)
1. Corporation Name
MONTICELLI INVESTMENTS, INC.

Principal Place of Business Mailing Address
**% HELGA J. MARKOVICS
1700 RIDGEWOOD AVE., STE. H
HOLLY HILL FL 32117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/08/1982** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-2750149** 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 has liability for intangibly tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**MARKOVICS, HELGA J.
1700 RIDGEWOOD AVENUE, SUITE H
HOLLY HILL FL 32117**

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 re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FRANCESCHI, MAURO
STREET ADDRESS	AVE. 15 ESQ. CALLE 70
CITY - ST - ZIP	MARACAIBO, VENEZUELA
TITLE	TD
NAME	LARICE, ROBERTO
STREET ADDRESS	AVE. 15 ESQ. CALLE 70
CITY - ST - ZIP	MARACAIBO, VENEZUELA
TITLE	VD
NAME	FRANCESCHI, JUAN GUNDO
STREET ADDRESS	AVE. 15 ESQ. CALLE 70
CITY - ST - ZIP	MARACAIBO, VENEZUELA
TITLE	SD
NAME	MALVENTANO, FRANCISCO
STREET ADDRESS	AVE. 15 ESQ. CALLE 70
CITY - ST - ZIP	MARACAIBO, VENEZUELA
TITLE	VD
NAME	FRANCESCHI, SANTE
STREET ADDRESS	AVE. 15 ESQ. CALLE 70
CITY - ST - ZIP	MARACAIBO, VENEZUELA
TITLE	S
NAME	MARKOVICS, HELGA J.(ASST
STREET ADDRESS	19 RIDGE TRAIL
CITY - ST - ZIP	ORMOND BEACH FL

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as requested, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/27/95** (904) 677-3741
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Day/Month/Year