

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

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  
 % HELGA J. MARKOVICS 1700 RIDGEWOOD AVE., STE. H HOLLY HILL FL 32117

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 **1518 STATE AV. "A"** 27 **1518 STATE AV. "A"**  
 City & State City & State  
 23 **HOLLY HILL, FL** 28 **HOLLY HILL FL**  
 Zip Country Zip Country  
 24 **32117** 25 **U.S.A.** 29 **32117** 30 **U.S.A.**

3. Date Incorporated or Qualified **05/06/1982** 3a. Date of Last Report **05/01/1995**  
 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 intangible tax under s. 199.032, Florida Statutes  Yes  No

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)  
**1518 STATE AV. UNIT "A"**  
 83  
 84 City **HOLLY HILL** FL 85 Zip Code **32117**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 consent to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Helga J. Markovics* 2/6/96  
 Signature of person named in Block 9, 10, 11, and 12 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANCESCHI, MAURO	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LARICE, ROBERTO	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANCESCHI, JUAN GUIDO	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALVENTANO, FRANCISCO	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANCESCHI, SANTE	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	
TITLE	S	<input type="checkbox"/> DELETE
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
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: *Helga J. Markovics* ASST. SEC./ADMINISTRATOR 2/6/96 (904) 677-3741  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)