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**Feb 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**% HELGA J. MARKOVICS  
1518 STATE AVENUE "A"  
HOLLY HILL FL 32117  
US**

Mailing Address

**% HELGA J. MARKOVICS  
1518 STATE AVENUE "A"  
HOLLY HILL FL 32117-2224  
US**

3. Date Incorporated or Qualified  
**05/06/1982**

3a. Date of Last Report  
**02/09/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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.  
1518 STATE AVENUE  
UNIT A  
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

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PD FRANCESCHI, MAURO**  
STREET ADDRESS **AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA**

TITLE  DELETE  
NAME **TD LARICE, ROBERTO**  
STREET ADDRESS **AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA**

TITLE  DELETE  
NAME **VD FRANCESCHI, JUAN GUIDO**  
STREET ADDRESS **AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA**

TITLE  DELETE  
NAME **SD MALVENTANO, FRANCISCO**  
STREET ADDRESS **AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA**

TITLE  DELETE  
NAME **VD FRANCESCHI, SANTE**  
STREET ADDRESS **AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA**

TITLE  DELETE  
NAME **S MARKOVICS, HELGA J.(ASST)**  
STREET ADDRESS **19 RIDGE TRAIL ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 changed, or on an attachment with an address.

SIGNATURE:

*Helga J. Markovics*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/97** Telephone: **(904)677-3741**

CR2E034 (9/96)