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Secretary of State

02-08-1999 90005 005 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852801

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

3. Date Incorporated or Qualified 05/06/1982	Applied For Not Applicable
4. FEI Number 59-2750149	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

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
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 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 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Helga J. Markovics DATE: 1/13/99 DAYTIME PHONE: (904) 677-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)