

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90805 001 \*\*\*300.00

**DOCUMENT # 855088**

1. Entity Name  
**FAG INTERAMERICANA A.G., INC.**



Principal Place of Business

8880 N.W. 20TH ST  
SUITE A  
MIAMI, FL 33172

Mailing Address

8880 N.W. 20TH ST  
SUITE A  
MIAMI, FL 33172

**66415210**



2. Principal Place of Business

*11511 Interchange Circle*

3. Mailing Address

*P.O. Box 1932*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004

Chg-P

CR2E034 (10/03)

City & State

*So. Miramar FL*

City & State

*Danbury CT*

Zip

*33025*

Country

Zip

*06813-1932*

Country

4. FEI Number

59-2247941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 **S** ☐ Delete  
NAME **LUTRINGER, RICHARD E**  
STREET ADDRESS **101 COMPO ROAD S**  
CITY-ST-ZIP **WESTPORT, CT 068805007**

TITLE **VPT** ☒ Delete  
NAME **DITOMASO, GLNO**  
STREET ADDRESS **271 SHELTER ROCK ROAD**  
CITY-ST-ZIP **STAMFORD, CT**

TITLE **PD** ☐ Delete  
NAME **HEINZ DIETER, KUTEMEIER**  
STREET ADDRESS **146 MILL ROAD**  
CITY-ST-ZIP **STAMFORD, CT 06903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T.** ☐ Change ☒ Addition  
NAME **JoAnn Sullivan**  
STREET ADDRESS **48 Stonecrest Rd.**  
CITY-ST-ZIP **Ridgefield CT 06877**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *JoAnn Sullivan* **JoAnn Sullivan, Treasurer**

*4/14/04*  
Date

*(203) 830-8204*  
Daytime Phone #