F20000001151

(Requ	restor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nar	ne)
(Доси	iment Number)	1
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Anual AFFicial

AUG 2 3 2020 LALBRITTON , , , ,

COVER LETTER

TO: Amendment Section Division of Corporations		
FGF TRAPANI USA CORP SUBJECT:		
SUBJECT.	Name of Corporation	
DOCUMENT NUMBER: F20000001151		
The enclosed Affidavit by Foreign Corporation submitted for filing.	on to Change/Add Officer(s) and/or Director(s) and fee arc	
Please return all correspondence concerning t	his matter to the following:	
DAYANA K LOPEZ BASURTO		
Name of Contact Person		
DKL CONSULTANT LLC		
Firm/Company		
1429 PONCE DE LEON BLVD.	•	
Address		
CORAL GABLES FL 33134		
City/State and Zip Code		
dayana.lopez@dklconsultant.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter	r, please call:	
DAYANA K LOPEZ BASURTO	786 4288382	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flori	da Department of State for the following amount:	
■\$35.00 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananasocy, r i, Dad 14	2415 in Monroe Street, Suite 810	

Tallahassee, FL 32303

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AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

FGF TRAPANI USA CORP	
2. This entity was authorized to transact number is F20000001151.	business in Florida on $\frac{03/04/2020}{}$ and its Florida documen
3. This corporation was formed under the	e laws of DELAWARE
4. The name and address of each officer	and/or director is as follows:
<u>Title:</u> PRESIDENT	<u>Name and Address</u> GUILLERMO MARCHIARO GOLA
	444 BRICKELL AVE STE 940
	MIAMI, FL 33131
оосизіання бу: (Attach ac	Iditional pages if necessary) PRESIDENT
usecanning the parties of the contraction of the co	Title of person signing
ERMO MARCHIARO GOLA	FILING FFF \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations *PO Box 6327*Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing