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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000003036 (0)

1. Corporation Name(s)

MAGLIFICIO DI MARSCIANO USA, INC.

Principal Place of Business

Mailing Address

**% BECKER BUSINESS SERVICES
415 EAST HYMAN AVE., STE. 208
ASPEN CO 81611**

**% BECKER BUSINESS SERVICES
415 EAST HYMAN AVE., STE. 208
ASPEN CO 81611**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 150 Worth Ave.

26

84-1233306

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 #224

27

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

23 City & State

28 City & State

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24 33480

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGUSON, ROBIN
1330 MIRACLE STRIP PKWY., UNIT 308
FT WALTON BEACH FL 32548**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**CP
CALZONI, MANRICO
% MANRICO CASHMERE, 200 S. MILL ST.
ASPEN CO 81611**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE
NAME

**DST
CALZONI, CLAUDIA
% MANRICO CASHMERE, 200 S. MILL ST.
ASPEN CO 81611**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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)(b), 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.

SIGNATURE:

Claudia Calzoni

Claudia Calzoni

4/20/95

415-347-6720

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone #