FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000003036 (0)**

1. Corporation Name

MAGLIFICIO DI MARSCIANO USA, INC.

Principal Place of Business	Mailing Address
150 WORTH AVE SUITE 224 PALM BEACH FL 33480 US	% BECKER BUSINESS SERVICES 415 EAST HYMAN AVE., STE. 206 ASPEN CO 81611

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 ___
Suite, Apt. #, etc
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 630 East Hyman
Suite, Apt. #, etc.
27 Ste. 206
City & State
28 Aspen, CO
Zip 29 81611 Country 30 ___

4. FEI Number: 84-1233306 — ☐ 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

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

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 title if applicable ___ (NOTE: Registered Agent signature required when reinstating) ___ DATE ___

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CALZONI, MANRICO		NAME	
STREET ADDRESS	% MANRICO CASHMERE, 200 S. MILL ST.		STREET ADDRESS	
CITY-ST-ZIP	ASPEN CO 81611		CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CALZONI, CLAUDIA		NAME	
STREET ADDRESS	% MANRICO CASHMERE, 200 S. MILL ST.		STREET ADDRESS	
CITY-ST-ZIP	ASPEN CO 81611		CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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)(k), 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: [signature] 04.17.96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)