

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003646 (6)

1. Corporation Name

DA GAMMA, INC.



Principal Place of Business

Mailing Address

~~211 DOUGLAS AVE.
LIFE STYLE APT. #809
DUNEDIN FL 34608-7011
US~~C/O 106 N. LEVIS AVE.
~~LIFE STYLE APT. #809~~
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

04/09/1996

4. FEI Number

58-2099650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1326 PINERIDGE

26 C/O 106 N LEVIS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #D1 CIRE 124

27

City & State

City & State

23 TARPON SPRINGS FL

28 TARPON SPRINGS FL

Zip

Country

Zip

Country

24 34689

25

PINELLAS

29

34689-4345

30

PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUSHEIKO, LOUIS
430 HOLLYHILL DRIVE
OLDSMAR FL 34677

81 Name

GIANLUCA ZANELLA

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

1326 PINERIDGE

83

#D1 CIRE 124

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

President

GIANLUCA ZANELLA

DATE

01/17/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME ZANELLA, GIANLUCA
STREET ADDRESS 155 KRISTIN CT.
CITY - ST - ZIP PALM HARBOR FL 34684

1.1 TITLE

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1326 PINERIDGE #D1 CIRE 124
TARPON SPRINGS, FL 34689TITLE V ☒ DELETENAME DUSHEIKO, HAROLD LOUIS
STREET ADDRESS 430 HOLLY HILL ROAD
CITY - ST - ZIP OLDSMAR FL

2.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE S ☒ DELETENAME ZANELLA, CARMEN
STREET ADDRESS 430 HOLLY HILL ROAD
CITY - ST - ZIP OLDSMAR FL

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gianluca Zanello

Date

Daytime Private #

01/17/97 ✓ (813) 9342020

0526596

CR2E034 (9/96)