

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000003795**

1. Corporation Name

**SIRTI LIMITED CORP.**

Principal Place of Business

**5907-C HAMPTON OAKS PKWY.  
TAMPA FL 33610  
US**

Mailing Address

**5907-C HAMPTON OAKS PKWY.  
TAMPA FL 33610  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET #2  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**08/07/1995**

4. FEI Number

**NOT APPLICABLE**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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 ☐ DELETE

**TITLE** D  
**NAME** DEMARON, GIUSEPPE  
**STREET ADDRESS** VIA L DA VINCI 311  
**CITY-ST-ZIP** VIGNATE 20060 MILANO IT TN2 -5QL

**TITLE** D ☒ DELETE  
**NAME** BERGONZI, FLAVIO  
**STREET ADDRESS** VIA DELLE RINENBRANZE DI GRECO 55  
**CITY-ST-ZIP** 20125 MILANO ITALY

**TITLE** D ☒ DELETE  
**NAME** LOMBARDI, GIOVANNI  
**STREET ADDRESS** VIA VENEZIA NO 1, CASSINA DE PECCHI  
**CITY-ST-ZIP** 20060, MILAN, ITALY

**TITLE** D ☒ DELETE  
**NAME** ABBIATI, LUIGI  
**STREET ADDRESS** VIA CUFRA, 38  
**CITY-ST-ZIP** 20100 MILANO, ITALY

**TITLE** S ☐ DELETE  
**NAME** TRUSEC LIMITED  
**STREET ADDRESS** 35 BASINGHALL STREET  
**CITY-ST-ZIP** LONDON EC2V 5DB, ENGLAND

**TITLE** ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

**1.1 TITLE** D  
**1.2 NAME** ASTI, EMILIO  
**1.3 STREET ADDRESS** VIA E CICCOTTI N8  
**1.4 CITY-ST-ZIP** MILAN 20161 ITALY

**2.1 TITLE** D  
**2.2 NAME** MALEZ, ARIS  
**2.3 STREET ADDRESS** VIA A SISMONDA N1013  
**2.4 CITY-ST-ZIP** TORINO 10145 ITALY

**3.1 TITLE** D  
**3.2 NAME** MEDICI, RINO  
**3.3 STREET ADDRESS** VIA A RAMAZZOTTI NO6  
**3.4 CITY-ST-ZIP** BARONNO, MILAN 21047 ITALY

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GIUSEPPE DE MARON**

**29/1/99**

Date

**+44 1892 514044**

Daytime Phone #

CR2E034 (1/198)

0389759

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90120 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE