

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001922 (1)

1. Corporation Name
FDGM, INC.

Principal Place of Business

C/O AMSS
6113 N.W. 72ND AVENUE
MIAMI FL 33166

Mailing Address

C/O AMSS
6113 N.W. 72ND AVENUE
MIAMI FL 33166-3707

9. Date Incorporated or Qualified
04/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COSTABEL, ATTILIO M
WORLD TRADE CENTER
80 S.W. 8TH ST., SUITE 2000
MIAMI FL 33130

4. FEI Number

06-1062881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIGANTI, GIANPIERO	
STREET ADDRESS	ZONA INDUSTRIALE	
CITY- ST- ZIP	VIA FRANCESCO, ITALY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIDOLI, PAOLO	
STREET ADDRESS	800-C PRINCIPAL CT	
CITY- ST- ZIP	CHESAPEAKE VA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	AGUGLIA, CARLO	
STREET ADDRESS	BAGNOLIA DELLA ROSANDRA N 334	
CITY- ST- ZIP	TRIESTA ITALY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAMI, GIOVANNI R	
STREET ADDRESS	BAGNOLI DELLA ROSANDRA N 334	
CITY- ST- ZIP	TRIESTA ITALY	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HEALY, MARY	
STREET ADDRESS	800-C PRINCIPAL COURT	
CITY- ST- ZIP	CHESAPEAKE VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KAMAL, UPINDER	
STREET ADDRESS	800-C PRINCIPAL COURT	
CITY- ST- ZIP	CHESAPEAKE VA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AT NAAGSMA, TERESA
5.3 STREET ADDRESS	800-C Principal Court
5.4 CITY- ST- ZIP	Chesapeake, VA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4-28-97

757-548-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0228593

CR2E034 (9/96)