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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000001922 (1)

FOGM INC

Principal Place of Business	Mailing Address	
C/O AMSS 6113 N.W. 72ND AVENUE	C/O AMSS 6113 N.W. 72ND AVENUE	

FILED Apr 16 1998 8:00am Secretary of State



Principal Place	of Business	M	ailing Address				T CONTION THE COLOR MAINS MAINS MAINS AND THE MAINS AND AND THE STATE ST
C/O AMSS 6113 N.W. 72ND AVENUE 6113 N.W. 72ND AVENUE MIAMI FL 33166 MIAMI FL 33166			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified
2. Principal Pla	on of Business	1 762	Mailing Address				04/17/1996 4. FEI Number Applied For
2. Principal Pia	Ce of Business	26	Maning Address				
Suite, Apt. #.	etc	201	Suite, Apt. #. etc.				CR 75 Additional
22	. 5.0	27	55.10,1.40,				5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees
Zıp	Country		Zip	—	untŋ	/	8. This corporation owes or has paid the current year Intangible
24	25	29		30	_		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
	TABEL, ATTILIO M					Name	
	RLD TRADE CENTER				82	Street	Address (P.O. Box Number is Not Acceptable)
	S.W. 8TH ST., SUITE 2000				83		
MIA	VII FL 33130				L		
					84	"	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 6	07.1508, Florida Statut	es, the a	bov	e-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I am	familiar with, and accept the obliga	ations of	, Section 607.0505, Fk	orida Sta	tute	S.	policions board of directors. Thereby accept the appointment as registered
SIGNATURE _							
12.	gnature, typed or printed name of registered age OFFICERS ANI			E: Registere		ent signatur	rs required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE T	PD OFFICERS AN	DUINEL	DELETE	1.1 7			Abbitrions/critations to or rice to a No Directors in 12
NAME	RIGANTI, GIANPIERO			1.2 N			
STREET ADDRESS	ZONA INDUSTRIALE					ADDRESS	Via Francesco DeBlasio Zona Industriale
CITY-ST-ZIP	VIA FRANCESCO, ITALY					ST-ZIP	Bari-Italy 70123
TITLE	VD		☐ DELETE	2.1 7		 	Change Addition
NAME	VIDOLI, PAOLO			2.2 N	AME		
STREET ADDRESS	800-C PRINCIPAL CT			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA			2.4 (CITY-	ST-ZIP	
TITLE	ST		DELETE	3.1 T	ITLE		Change Addition
NAME	AGUGLIA, CARLO			3.2 N			
STREET ADDRESS	BAGNOLIA DELLA ROSANDR	IA N 33	34			ADDRESS	Bagnoli Della Rosandra N 334
CITY-ST-ZIP	TRIESTA ITALY		DELETE			ST-ZIP	Trieste-Italy Change & Addition
TITLE	CD		X occur	٩¹١			
NAME CIRCIT ADDOCCC	LAMI, GIOVANNI R BAGNOLI DELLA ROSANDRA	N 224			NAME TOCCY	T ADDRESS	Giacomo Sardina
STREET ADDRESS CITY-ST-ZIP	TRIESTA ITALY	14 334	•			i addhess St-Zip	Via Genova
TITLE	AT		DELETE	5.1 T		51-ZIP	Trieste-Italy 34100 Change Addition
NAME	HAAGSMA, TERESA			5.2 N			
STREET ADDRESS	800-C PRINCIPAL COURT					ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA					ST-ZIP	
TITLE	AS		☐ DELETE	6.1 T			Change Addition
NAME	KAMAL, UPINDER			6.2 N	AME		
STREET ADDRESS	800-C PRINCIPAL COURT			6.3 S	TREET	ADDRESS	
CMY-ST-ZIP	CHESAPEAKE VA			6.4 C	ITY-S	ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

16 cal DAOLO VIDOCI