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

FILED Feb 13 1998 8:00am Secretary of State

1. Corporatio	TA (U.S.A.) INC.	00001277 (9)				
Principal Place of Business Mailing Address		Mailing Address			r indicat eine their isaas kanti abtit abeit katit saist saist itusa tisit it	ELI JÜÜL JOBL
5686 PINKNEY AVENUE SARASOTA FL 34233		5696 PINKNEY AVENUE				
		SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/13/1997	
2. Principal Place of Business 2a. Mailing Address						pplied For
21 26					ot Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.						Additional lequired
27 27						
23 28						May Be to Fees
Zip	Country Zip		Countr	Country 8. This corporation owes or has paid the current year Inti		
24	25	25 29 30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TH	E PRENTICE-HALL CORPORAT	ION SYSTEM, INC.	81	Name		
1201 HAYS STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
TA	TALLAHASSEE FL 32301					
			63			
			B4	City	85 Zip	Code
				<u> </u>	FL [®] ^{**}	
office or a agent. I a SIGNATURE	egistered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or profiled name of registance.	igations of, Section 607.0505, F	lorida Statute	S. 	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as the statement of the purpose of changing the statement of the sta	s registered
12.		NO DIRECTORS	13.	ant signature redun	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PC DELETE		1.1 TITLE		☐ Change	Addition
NAME CORNALE, CARLO M			1.2 NAME			
STREET ADDRESS VIA ALZAIA TRENTO, 10/ 20094 CORSICO			1.3 STREET	ADDRESS		
CITY-ST-ZIP MILANO, ITALY			1.4 CłTY - 5	ST-ZIP		
TITLE	V DELETE		2.1 TOTLE		☐ Change	☐ Addition
NAME	PAGE, DAVID		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADORESS		
CITY-ST-ZIP	SARASOTA FL 34233			ST-ZIP		
TITLE	S DELETE		3 1 TITLE	(Change	Addition
NAME			3.2 NAME			
STREET ADDRESS 600 MADISON AVENUE 12TH FLOOR				I ADDRESS		
CITY-ST-ZIP NEW YORK NY 10022			3.4. CITY - 4.1 TITLE	ST-ZIP	Change	Addition
TITLE NAME			4.1 IIIEE 4.2 NAME	}	Change	, yourning
STREET ADDRESS			•	ADDRESS		
CITY-SI-ZIP CORSICO, MILANO, ITALY			4.4 CHY-5	l l		
TITLE	DELETE		5.1 TITLE	31-Eff	☐ Change	Addition
NAME		_	5.2 NAME		•	
STREET ADDRESS	DOMESS			F ADDRESS		
CITY-ST-ZIP			5.4 CITY- S			
TITLE	DELETE		6 1 TITLE		Change	Addition
NAME			6.2 NAME	İ		
STREET ADDRESS			6.3 STREET	r address		
CITY-ST-ZIP			6.4 CITY-5	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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 address.

SIGNATURE:

1.30.58