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 # F98000006613

1. Corporation Name

DEROMA U.S.A., INC.

Principal Place	e of Business	Mailing Address					,,,, ,,,,,
· · · · · · · · · · · · · · · · · ·		8860 N.W. 15TH STREET					
IAMI FL 33172 MIAMI FL 33		MIAMI FL 33172	FL 33172		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		'
					12/04/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
1	_ 	26			13-3669383		t Applicable
- Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 A Fee Re	
2		27 City 9 State					
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	
Zip	Country	28 Zip	Country		8. This corporation owes the curren		-
4	25	29 30	¬ .		Personal Property Tax.		□No
 -	9. Name and Address of Cu				10. Name and Address of New Re	gistered Agent	
			81 1	Name	STEFANO CON1.	WATE	
CAVINATO, STEFANO			82	Street Addr	ess (P.O. Box Number is Not Acceptable	le)	
8860 N.W. 15TH STREET					ess (P.O. Box Number is Not Acceptable 3 5	THE WAY	
MAM	l FL 33172		83				
9.3	_		84	City //	14111	85 Zip C	ode
_		<u> </u>			•	FL " 3	139
office or r	egistered agent, or both, in the S	Lubuz and 607.1508, Florida Statutes, Itate of Florida. Such change was auth bligations of, Section 607.0505, Florida	iorizea by thi	e corporation	oration submits this statement for the pl on's board of directors. I hereby accept	the appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registere	of anent and title if applicable. (NOTE: Re	pistered Apent si	ignature require	d when reinstating)	DATE	 }
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	С	☐ DELETE	1.1 TITLE			. Change	☐ Addition
NAME	CISCATO, VALENTINO		1.2 NAME				,
STREET ADDRESS	VIA PASUBIO 17		1.3 STREET AL	DDRESS			
CITY-ST-ZIP	36034 MALO (VI) ITALY		1.4 CITY-ST-Z			kti ol	Addition
TITLE	PD	™ DELETE		PI	VINIATO STEERNIO	⊠ Change	☐ Addition
NAME	CISCATO, STEFANO		2.2 NAME	CH	VINATO, STEFANO 80 N.W. 15 ST		
STREET ADDRESS	245 FIFTH AVE.		2.3 STREET AC		WIAMI - FL 3317-2=		
CITY-ST-ZIP	NEW YORK NY 10016	, DELETE	2.4 CITY-ST-2	ZIP /	11777011	[] Change	Addition
TITLE	MACELLO EDANCO		3.2 NAME				
NAME	MASELLO, FRANCO VIA PASUBIO 17		3.3 STREET AL	nnpeee			
	36034 MALO (VI) ITALY	1	3.4. CITY-ST-				
CITY-ST-ZIP TITLE	S (VI) TIAL!	∑ DELETE	4.1 TITLE	5	SECRETARY	☐ Change	Addition
	MARTINEZ, HECTOR	-	4.2 NAME	110	RENTE, MARCELO		1
	245 FIFTH AVE.		4.3 STREET AL	DORESS 88	80 N.W. 15 ST		
CITY-ST-ZIP	NEW YORK NY 10016	•	4.4 CITY-ST-Z	ZIP /V	11AM; F1 33172		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		1	5.3 STREET AL	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	,		6.2 NAME				[

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR POWNED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 038 ***150.00