FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:39

DOCUMENT # G16455 (9)

1. Corporation Name
MOMO U.S.A., INC.

Principal Place of Business	Mailing Address
% ANGELA C. WILLIAMS 2100 N.W. 93RD AVENUE MIAMI FL 33172-4803	% ANGELA C. WILLIAMS 2100 N.W. 93RD AVENUE MIAMI FL 33172-4803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2256146 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, ANGELA C.
2100 N.W. 93RD AVENUE
MIAMI FL 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	V ☐ Change ☒ Addition
NAME	MORETTI, GIANPIERO	12 NAME	PHILIP MOORE
STREET ADDRESS	VIA DECEMVIRI, 20	13 STREET ADDRESS	2100 N W 93Avenue
CITY-ST-ZIP	20138 MILAN IT	14 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CATTANEO, MARCO	22 NAME	
STREET ADDRESS	VIA DECEMVIRI, 20	23 STREET ADDRESS	
CITY-ST-ZIP	20138 MILAN IT	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	SALUSSOLIA, PIERO	32 NAME	
STREET ADDRESS	701 BRICKELL AVE #1600	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ANGELA C.	42 NAME	
STREET ADDRESS	2100 NW 93RD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Angela C. Williams 2/7/95 305/593-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone number
ANGELA C. WILLIAMS

0100529 CP