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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L90596** (2)
1. Corporation Name
PRONTTO MODA, INC.



Principal Place of Business Mailing Address
PRONTTO MODA, INC.

3. Date Incorporated or Qualified **08/02/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **1215 SE 9TH AVE.** 26 **P.O. Box 160311**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MI** 27 **MI**
City & State City & State
23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**
Zip Country Zip Country
24 **33010** 25 **DADE** 29 **33116** 30 **DADE**

4. FEI Number **65-0347173** Applied / Not Appl
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
BISIO, RICARDO J
1215 SE 9TH AVE
MIAMI - FL 33010

10. Name and Address of New Registered Agent
81 Name **BISIO RICARDO J.**
82 Street Address (P.O. Box Number is Not Acceptable) **1215 SE 9TH AVE**
83
84 City **MIAMI** FL 85 Zip Code **33010**

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 **PRONTTO MODA, INC.** DATE **FEB. 22 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. TITLE **PD** ☐ DELETE
2. NAME **BISIO, RICARDO**
3. STREET ADDRESS **1215 NE 9TH AVE.**
4. CITY-ST-ZIP **MIAMI FL 33010**
5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 19.07(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 in an attachment with an address.

SIGNATURE: **PRONTTO MODA, INC.** DATE: **FEB 22 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0162261**

CR2E034 (9/96)