

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M32104** (5)  
1. Corporation Name  
**SOCIETA BRESCIA CORPORATION**



Principal Place of Business Mailing Address  
**177 OCEAN LANE DR** **177 OCEAN LANE DR**  
**#408** **#408**  
**KEY BISCAYNE FL 33149** **KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified **05/15/1986** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **NOT APPLICABLE** 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

2. Principal Place of Business 2a. Mailing Address  
21 **150 SOUTH FEDERAL HWY** 26 **P.O. Box 491164**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **MIAMI, FLA.** 27 **MIAMI, FLA.**  
City & State City & State  
23 **33432** 24 **U.S.A.** 25 **33149-1164** 26 **U.S.A.**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**VALENTINI, MORELLA**  
**177 OCEAN LANE DR**  
**#408**  
**KEY BISCAYNE FL 33149**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PO	VALENTINI, MORELLA	177 OCEAN LANE DR, #408	KEY BISCAYNE FL	<input type="checkbox"/>
D	VALENTINI, BARBARA	177 OCEAN LANE DR #408	KEY BISCAYNE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)