**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000681 (8)

1. Corporation Name
COMITES INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 200 ALHAMBRA CIR.<br>SUITE 512<br>CORAL GABLES FL 33134<br>US | 200 ALHAMBRA CIR.<br>SUITE 512<br>CORAL GABLES FL 33134<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0440878 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: GRAZIANO PASCALI
82 Street Address (P.O. Box Number is Not Acceptable)
83: 12525 S.W. 33 STREET
84 City: MIAMI FL 85 Zip Code: 33175

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: C T Corporation System — APRIL 12 - 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | P D | ☒ Change ☒ Addition |
| NAME | ~~GAMBORO, GIULIO~~ | 1.2 NAME | GRAZIANO PASCALI | |
| STREET ADDRESS | ~~407 LINCOLN RD., SUITE 10F~~ | 1.3 STREET ADDRESS | 12525 SW 33 STREET | |
| CITY-ST-ZIP | ~~MIAMI BCH. FL~~ | 1.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALLOCCO, CARLO | 2.2 NAME | | |
| STREET ADDRESS | 115 SUNRISE DRIVE, #4C | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | SEC, D | ☒ Change ☒ Addition |
| NAME | ~~NALON, ADRIANA~~ | 3.2 NAME | GIUSEPPE MOSCONI | |
| STREET ADDRESS | ~~7720 COLLINS AVENUE~~ | 3.3 STREET ADDRESS | 6550 NW 4TH CT | |
| CITY-ST-ZIP | ~~MIAMI BEACH FL 33141~~ | 3.4 CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | V | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DARIO, PIANA | 4.2 NAME | | |
| STREET ADDRESS | 4771 NW 72ND AVE. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | T, D | ☒ Change ☒ Addition |
| NAME | ~~DE LIGO, DOMENICO~~ | 5.2 NAME | MARIA ROSA ROTELLA | |
| STREET ADDRESS | ~~8073 N.E. 169TH STREET, #8~~ | 5.3 STREET ADDRESS | 4771 NW 72 AVENUE | |
| CITY-ST-ZIP | ~~NORTH MIAMI BEACH FL 33162~~ | 5.4 CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GIORDANI, RAFFAELE | 6.2 NAME | | |
| STREET ADDRESS | 1780 S.W. 14TH ST. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33145 | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GRAZIANO PASCALE — 305-554-4420
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0007888