

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 08, 2012
Secretary of State

DOCUMENT# N98000004914

Entity Name: ODLI, INC.**Current Principal Place of Business:**618 SW 8 STREET
MIAMI, FL 33130 US**New Principal Place of Business:****Current Mailing Address:**618 SW 8 STREET
MIAMI, FL 33130 US**New Mailing Address:**3661 SW 19TH STREET
MIAMI, FL 33145 US**FEI Number:** 65-0863841**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PASTOR, CLAUDIO
825 BRICKELL BAY DRIVE
APT. 644
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**BAVA, LUIGI
3661 SW 19TH STREET
MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUIGI BAVA

07/08/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: NOVELLI, MAGDA
Address: 199 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAINE, FL 33149 US

Title: EVP
Name: BAVA, LUIGI
Address: 3661 SW 19TH STREET
City-St-Zip: MIAMI, FL 33145 US

Title: VP2
Name: PASTOR, CLAUDIO
Address: 825 BRICKELL BAY DRIVE APT. 644
City-St-Zip: MIAMI, FL 33131 US

Title: T
Name: CICCONE, ELENA
Address: 737 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: ZANINI, MORENA
Address: 9121 SW 12 AVENUE
City-St-Zip: MIAMI, FL 33186 US

Title: D
Name: SIERVO, ITALO
Address: 15500 SW 82 AVENUE
City-St-Zip: PALMETTO BAY, FL 33157 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIGI BAVA

EVP

07/08/2012

Electronic Signature of Signing Officer or Director_____
Date