## FILED Jul 08, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nam		0064594				05-05-2002 90019	030 ***13	50.00
Principal Plac	e of Business	Mailing Address						
2101 NORMAN		2101 NORMANDY OR.						
STE 201 STE 201						er anns anns drive deit blan Bill	B (Ad) Alba (AB)	
MIAMI BEACH	PL 33141							
2. Principal Place of Business 2.101 NOEmanby Da 1528 Seur //			la A		i idulizer iis erret may da	il Mill Bem saile alth arese ani	a iliti didi mat	
Suite, Apt. #, etc. Suite, Apt. #, etc.			~170	DO NOT WRITE IN THIS SPACE				
//5		City & State		, 4.	FEI Number		Applied For	]
Miami	BEACH TL	CORAL GABLES			65-1147	5 4 / S8.75 A	Not Applicable	4
331V	Country	-3213.Y= -	Country		Certificate of Status Desir	Fee Requi		_
	8. Name and Address of Current F	legistered Agent	Name		Name and Address of N	w Registered Agent		-
BATTISTA	, JACQUELINE G				Box Number is Not Accep	table)		1
2101 NOF	MANDY CR.							-
STE 201	ACMET-00444		-City			- Francis	₩0.4******	┥.
	ACH:FI=33141					"FE"		<u> </u>
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office	or registered as	gent, or both, in the State (	of Fiorica.		
SIGNATURE	Signature, typed or printed name of registered agent to	ng yele if applicable. (NOTE: R	legistered Agent tig	nature required when I	reinstating)	DATE		
	oration is eligible to satisfy its Intangible	FILE NOW!!!			10. Election Campaig		.00 May Be	
	requirement and elects to do so.  pria on back)	After May 1, 2002 Make Check Payable			Trust Fund Contril	oution.   Add	ed to Fees	
11.	OFFICERS AND		12.		DITIONS/CHANGES TO	OFFICERS AND DIRECTO		1_
TITLE	PO MARIO C	· Deleté	TITLE Name	VICE	- Pres Than	Change	Addition	86
NAME LAMPERTTI, MARIO C STREET ADDRESS AVE. RIVADAVIA 8560, DEPTO S"D" CAPITAL			STREET ADDRESS	S 2 101	NORMANDY	DK, #120/		ğ
CITY, ST-ZEP	FEDERAL(C.P. 1407) ARGENTINA		CITY-ST-ZIP	mian	i Benett	<u>, <i>f</i>2 ′ 3 3 /4.1</u> □ Change	Addition	CR2E034 (9/01)
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STREET ADDRESS			STREET ADDRESS CITY-S1-20P		SEVILLA &	New 33/34		
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- STREET ADORESS CITY-ST-ZIP		<del>-</del>	STREET ADORES	`				
ine		☐ Delete	TITLE			Change	☐ Addition	)
NAME STREET ADDRESS			NAME STREET ADDRESS	s				1 1
CITY-ST-ZIP			CITY-ST-ZIP	ļ <u>.</u>		Change	Addition	.]
NAME		☐ Delete	TITLE			· Li ciange		
STREET ADGRESS			STREET ADDRESS	s		• •		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	-		Change	Addition	1
TITLE NAME		Delete .	NAME					
STREET ADORESS			STREET AODRES	\$	•	•		
CITY-ST-ZIP	certify that the information supplied with	this filling does not mustiful for th	CITY-ST-ZIP	tated in Section	119.07(3)(i), Florida Statut	es. I further certify that the	information	1 1
indicated	cartify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emport, or on an attachment with an address, w	irus and accurate and irial my vered to execute this report as	signature shall required by C	have the same hapter 607, Flori	legal effect as if made un- ida Statutes; and that my i	der oath; that I am an office name appears in Block 11	er or director or Block 12 il	
	TUBE: STORE	- 950 B	2D)			•	1	



Attachment

37953

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 5, 2002

PAGNIFICHE CORPORATION 1528 SEVILLA AVENUE CORAL GABLES, FL 33134

Subject: PAGNIFICHE CORPORATION

Reference Number:

\_P01000064594

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS ANNUAL REPORTS SECTION