

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90073 023 \*\*\*150.00

**DOCUMENT # P01000110681**

1. Entity Name

**COMACCHIO U.S.A. CORP.**

Principal Place of Business

**169 EAST FLAGLER STREET, SUITE 1422  
MIAMI FL 33131**

Mailing Address

**169 EAST FLAGLER STREET, SUITE 1422  
MIAMI FL 33131**

2. Principal Place of Business  
**169 EAST FLAGLER ST.**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.  
**1422**

Suite, Apt. #, etc.

City & State  
**MIAMI - FL**

City & State

**33131**

Country  
**USA**

Zip

Country

File Number  
**02-0534255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, DISNEY D**

**169 EAST FLAGLER STREET, SUITE 1422  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**ALESSANDRO VIOTTO**

Street Address (P.O. Box numbers Not Permitted)  
**169 EAST FLAGLER ST.**

**#1422**

City  
**MIAMI**

FL **33131**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEB. 22ND/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VIOTTO, ALESSANDRO  
169 EAST FLAGLER STREET, SUITE 1422  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

**FEB. 22ND/02 (305) 37193**