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

1-2

DOCUMENT # **P41032** **(4)**

1. Corporation Name

REGISTRO ITALIANO NAVALE CORPORATION

Principal Place of Business	Mailing Address
515 EAST LAS OLAS BLVD. SUITE 1060 FT. LAUDERDALE FL 33301-2268	515 EAST LAS OLAS BLVD. SUITE 1060 FT. LAUDERDALE FL 33301-2268

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: **10/13/1992**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **98-0015079** ☐ 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

9. Name and Address of Current Registered Agent

GROSS, LESLIE JAY
2950 SW 27 AVENUE, #100
MIAMI FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIVADOSSI, ING. VALERIO		1.2 NAME	
STREET ADDRESS	515 E. LAS OLAS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALERNO, FRANCO		2.2 NAME	
STREET ADDRESS	515 E. LAS OLAS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SQUASSAFICHI, NICOLA		3.2 NAME	300001835493
STREET ADDRESS	515 E. LAS OLAS BLVD.		3.3 STREET ADDRESS	-05/22/96--01110--041
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	***200.00
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RABACCHI, GIANCARLO		4.2 NAME	
STREET ADDRESS	515 E. LAS OLAS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ZECCA, MADDALENA		5.2 NAME	
STREET ADDRESS	515 E. LAS OLAS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TORCHIO, REMO		6.2 NAME	
STREET ADDRESS	515 E. LAS OLAS BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	

PM 5-1-96

CR2E034 (12/95)

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maddalena Zecca MADDALENA ZECCA 4/30/96 954-832-9975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P41032

2-2

REGISTRO ITALIANO NAVALE

ADDITION TO THE LIST OF DIRECTORS

7.1	TITLE	D
7.2	NAME	QUERCI, FRANCESCO ALESSANDRO
7.3	ADDRESS	515 E. LAS OLAS BLVD. SUITE 1060
7.4	CITY-STATE-ZIP	FORT LAUDERDALE FL 33301-2268
8.1	TITLE	D
8.2	NAME	RUOPPOLO, GIOVANNI
8.3	ADDRESS	515 E. LAS OLAS BLVD. SUITE 1060
8.4	CITY-STATE-ZIP	FORT LAUDERDALE FL 33301-2268
9.1	TITLE	D
9.2	NAME	MUCCI, VINCENZO
9.3	ADDRESS	515 E. LAS OLAS BLVD. SUITE 1060
9.4	CITY-STATE-ZIP	FORT LAUDERDALE FL 33301-2268
10.1	TITLE	D
10.2	NAME	LEARDI, GIOVANNI
10.3	ADDRESS	515 E. LAS OLAS BLVD. SUITE 1060
10.4	CITY-STATE-ZIP	FORT LAUDERDALE FL 33301-2268
11.1	TITLE	D
11.2	NAME	TROPEA, MARIO
11.3	ADDRESS	515 E. LAS OLAS BLVD. SUITE 1060
11.4	CITY-STATE-ZIP	FORT LAUDERDALE FL 33301-2268

BRANCH OFFICE OF FORT LAUDERDALE: 515 East Las Olas Blvd., Suite 1060 Fort Lauderdale, FL 33301-2268
Phone (305) 832-9975 - Fax (305) 832-9989
HEAD OFFICE: Via Corsica, 12 - 16128 Genova - Italy - Phone 39- 10-53851 - Fax 39- 10-591877 - Telex 270022 RINAVI