

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P41032 (4)

1. Corporation Name

REGISTRO ITALIANO NAVALE CORPORATION

Principal Place of Business

515 EAST LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERDALE FL 33301-2268

Mailing Address

515 EAST LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERDALE FL 33301-2268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 515 E LAS OLAS BLVD

Suite, Apt. #, etc.

22 SUITE 1000

City & State

23 FT LAUDERDALE FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 515 E LAS OLAS BLVD

Suite, Apt. #, etc.

27 SUITE 1000

City & State

28 FT LAUDERDALE FL

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PC  
RIVADOSSI, ING. VALERIO  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VC  
SALERNO, FRANCO  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M  
SQUASSAFICHI, NICOLA  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
RABACCHI, GIANCARLO  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
ZECCA, MADDALENA  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
TORCHIO, REMO  
515 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 4/30/98 954-832-9975

CR2E034 (10/97)