2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P92000004595 1. Entity Name Pannochia, Inc. 03-21-2001 90010 026 ***150.00 Principal Place of Business Mailing Address 2330 Ponce De Leon Blvd. LINCOUNA Coral Gables, Fl. 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 650370169 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ** --LUSTIG. ROY R Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD, SUITE 911 **CORAL GABLES FL 33134** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President ☐ Change ★☐ Addition President TITLE Delete TITLE NAME NAME Visconti, Fabio Norma: Marco STREET ADDRESS STREET ADDRESS 2330 Ponce de Leon Blvd. 1900 Sunset Harbour Dr. Apt 1115 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Fl. 33134 <u> Miami Beach, Fl. 33139</u> X Change TITLE Delete TITLE VP, Secretary Secretary NAME NAME Ferretti, ERossano Norma,Marco 2330 Ponce de Leon Blvd Coral Gables, El. 33134 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Change Addition Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 turther 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 receiver or 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. Fabio Visconti, Pres SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

;R2E034 (10/00)

Davtime Phone *