

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

AND
FILED

05 JUL 28 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P92000009277**

1. Corporation Name

HOT FUN, INC.

Principal Place of Business

Mailing Address

**8900 SW 117 AVE.
SUITE 104B
MIAMI, FL 33186**

~~**C/O B. V. MAZZEO
8900 SW 117 AVE. STE. 104B
MIAMI, FL 33186**~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/04/1992

04/27/1994

4. FEI Number

65-0399089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

33131

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~**SALUSSOLIA & WAYNE
FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD. SUITE 4815
MIAMI, FL 33131**~~

81 Name

PIERO SALUSSOLIA

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

83

200 S. BISCAYNE BLVD. STE. 4815

84 City

MIAMI

FL

85 Zip Code
33131

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, ~~within 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

PIERO SALUSSOLIA

4/28/95

Signature (typed or printed name of registered agent and the agent's address)

(Required Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
NAME **BORGOMANERO, GIANPAOLO**
STREET ADDRESS **VIA D'AZEGLIO 21, 40123 BOLOGNA**
CITY, ST, ZIP **ITALY**

11 TITLE **D** ☒ Change ☐ Addition
12 NAME **BORGOMANERO, GIANPAOLO**
13 STREET ADDRESS **VIA D'AZEGLIO 21, 40123 BOLOGNA**
14 CITY, ST, ZIP **ITALY**

TITLE **DS**
NAME **TANI, MAURO**
STREET ADDRESS **VIA ROMA 40, 47030 SOGLIANO AL RUBI**
CITY, ST, ZIP **GONE ITALY**

21 TITLE **D** ☒ Change ☐ Addition
22 NAME **TANI, MAURO**
23 STREET ADDRESS **VIA ROMA 40, 47030 SOGLIANO AL RUBICONE**
24 CITY, ST, ZIP **ITALY**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE **P/T** ☒ Change ☐ Addition
32 NAME **SALUSSOLIA, PIERO**
33 STREET ADDRESS **200 S. BISCAYNE BLVD. SUITE 4815**
34 CITY, ST, ZIP **MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE **S** ☒ Change ☐ Addition
42 NAME **BOLOGNA, STEFANIA**
43 STREET ADDRESS **200 S. BISCAYNE BLVD. SUITE 4815**
44 CITY, ST, ZIP **MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied herein, being voluntarily furnished and deemed not equally for the information stated in Section 119.07(9)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERO SALUSSOLIA, PRESIDENT

04/28/95

(305)373-7016

Date

Telephone No.