FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009277 (4)**

1. Corporation Name
HOT FUN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8900 SW 117 AVENUE SUITE 104B MIAMI FL 33186 US	~~C/O B. V. MAZZEO~~ ~~8900 SW 117 AVENUE, STE 104B~~ ~~MIAMI FL 33186~~ ~~US~~

3. Date Incorporated or Qualified: **12/04/1992**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 **c/o SALUSSOLIA & ASSOCIATES**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **200 S. BISCAYNE BLVD. 4815**
City & State 23	City & State 28 **MIAMI, FL**
Zip / Country 24 / 25	Zip / Country 29 **33131** / 30 **USA**

4. FEI Number: **65-0399089** ☐ 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	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, 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 04/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☐ Change ☐ Addition
NAME	BORGOMANERO, GIANPAOLO	12 NAME		
STREET ADDRESS	VIA D'AZEGLIO 21 40123 BOLOGNA	13 STREET ADDRESS		
CITY-ST-ZIP	ITALY	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	TANI, MAURO	22 NAME		
STREET ADDRESS	VIA ROMA 40 47030 SOGLIANA AL RUBICONE FOR	23 STREET ADDRESS		
CITY-ST-ZIP	ITALY	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 04/28/95 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gianpaolo Borgomanero

0204288 CP