

**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

**DOCUMENT # P93000021128 (2)**

1. Corporation Name

**SHARALTON, INC.**



Principal Place of Business

**ONE SE 3RD AVE  
15TH FLOOR  
MIAMI FL 33131  
US**

Mailing Address

**ONE SOUTHEAST 3RD AVE  
15TH FLOOR  
MIAMI FL 33131  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 **9 Island Avenue.**  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30 **Apt # 401**  
**Miami Beach, FL**  
**33139 USA**

3. Date Incorporated or Qualified  
**03/22/1993**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**65-0396421**

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

**WLMC REGISTERED AGENTS, INC.  
777 BRICKELL AVE  
SUITE 1200  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite  
84 City State Zip Code  
**ID**  
**701 BRICKELL AVE**  
**SUITE 2000**  
**MIAMI FL 33131 FL 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then if applicable:

Signature typed or printed name of new registered agent and then if applicable:

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FERRETTI, ALESSANDRO	
STREET ADDRESS	VIA VALVERDE 9	
CITY-STATE-ZIP	VERONA, ITALY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JABBAN, BASHAR	
STREET ADDRESS	VIA VALVERDE 9	
CITY-STATE-ZIP	VERONA, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SECCO, FRANCESCO	
STREET ADDRESS	VIA TERRAGLIO 197	
CITY-STATE-ZIP	PREGANZIOL, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIANCHI, ROBERTO	
STREET ADDRESS	PIAZZALE AQUILEIA 8	
CITY-STATE-ZIP	MILAN IT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERRETTI, ALESSANDRO	
1.3 STREET ADDRESS	9 ISLAND AVE. # 401	
1.4 CITY-STATE-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JABBAN, BASHAR	
2.3 STREET ADDRESS	VIA VALVERDE 9	
2.4 CITY-STATE-ZIP	VERONA, ITALY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(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:

*Alessandro Ferretti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALESSANDRO FERRETTI - P**

**6/6/96**

**305-6725152**

DATE PHONE

CR2E034 (12/95)