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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000025018 (1)

1. Corporation Name
CASTELVETRO CORP.

Principal Place of Business
848 BRICKELL AVE
SUITE 830
MIAMI FL 33131

Mailing Address
848 BRICKELL AVE
SUITE 830
MIAMI FL 33131-2943

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 06/19/1996
4. FEI Number: 65-0399333 ☐ 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

2. Principal Place of Business
21 9400 S. DADELAND BLVD
Suite, Apt. #, etc.
22 STE 100 c/o GELFAND
City & State
23 MIAMI FL
Zip
24 33156
Country
25 USA

2a. Mailing Address
26 9400 S. DADELAND BLVD
Suite, Apt. #, etc.
27 STE 100 c/o GELFAND
City & State
28 MIAMI FL
Zip
29 33156
Country
30 USA

9. Name and Address of Current Registered Agent
MARTIN, MIGUEL A.
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name ELLIOTT J. GELFAND
82 Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD
83 STE 100
84 City MIAMI FL 85 Zip Code 33156

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] ELLIOTT J. GELFAND 2/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	YVES, UZAN	
STREET ADDRESS	848 BRICKELL AVE STR 830	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9400 S DADELAND BLVD #100	
1.4 CITY-ST-ZIP	c/o GELFAND MIAMI FL 33156	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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: [signature] YVES UZAN D 2/24/97 305 670.0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170313