

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000028088 (1)

1. Corporation Name  
FERNWOOD INVESTMENTS, INC.

Principal Place of Business

1017 JEFFERSON AVE  
#107  
MIAMI BEACH FL 33139

Mailing Address

1017 JEFFERSON AVE  
#107  
MIAMI BEACH FL 33139-4873



3. Date Incorporated or Qualified  
04/15/1993

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

21 935 Pennsylvania Ave.

Suite, Apt. #, etc.

22

City & State

23 South Miami Beach, FL

Zip

24 33139

Country

25 U.S.A.

2a. Mailing Address

26 7551 S.W. 58th St.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33143

Country

30 U.S.A.

4. FEI Number

65-0425235

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

PARLADE, ALBERTO J ESO  
3850 S.W. 87TH AVE.  
SUITE 207  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDS  
NAME GATTAMORTA, CARLOS A  
STREET ADDRESS 2203 S.W. 138TH CT.  
CITY-ST-ZIP MIAMI FL 33175  
☒ DELETE

TITLE D  
NAME GATTAMORTA, MARIA E  
STREET ADDRESS 2203 S.W. 138TH CT.  
CITY-ST-ZIP MIAMI FL  
☒ DELETE

TITLE PDT  
NAME PARLADE, PEDRO  
STREET ADDRESS 7551 S.W. 58TH STREET  
CITY-ST-ZIP MIAMI FL  
(See Change)  
☐ DELETE

TITLE D  
NAME PARLADE, GAVRIELE M  
STREET ADDRESS 7551 S.W. 58TH STREET  
CITY-ST-ZIP MIAMI FL 33143  
(See Change)  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE PD  
3.2 NAME Pedro Parlade  
3.3 STREET ADDRESS 7551 S.W. 58th Street  
3.4 CITY-ST-ZIP Miami, Florida 33143  
☒ Change ☐ Addition

4.1 TITLE STD  
4.2 NAME Gabriele Parlade  
4.3 STREET ADDRESS 7551 S.W. 58th Street  
4.4 CITY-ST-ZIP Miami, Florida 33143  
☒ Change ☐ Addition

5.1 TITLE VPD  
5.2 NAME Maria C. Clayton  
5.3 STREET ADDRESS 333 Willow Drive  
5.4 CITY-ST-ZIP Felton, California 95018  
☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME Thomas A. Clayton  
6.3 STREET ADDRESS 333 Willow Drive  
6.4 CITY-ST-ZIP Felton, California 95018  
☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

305-666-5516

Date

Daytime Phone #

0191647

CR2E034 (9/96)