

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PH 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028568 (2)**

1. Corporation Name

SURSUM CORDA INCORPORATED

Principal Place of Business

22760-D MANDEVILLE PL
#20
BOCA RATON FL 33433
US

Mailing Address

22760-D MANDEVILLE PL
#20
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/15/1993** 3a. Date of Last Report **05/11/1994**

4. FEI Number **APPLIED FOR- 65-0419460** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GONZALEZ, ENRIQUE III
SUITE 3400 - 1 S. BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent

81 Name **JORGE AMEGLIO**
82 Street Address (P.O. Box Number is Not Acceptable) **22760 MANDEVILLE PL. D**
83
84 City **Boca Raton** FL 85 Zip Code **33433**

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 607.0605, Florida Statutes.

SIGNATURE

Jorge Ameglio, Pres.

Jorge Ameglio, Pres.

Apr. 28 '95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMEGLIO, JORGE
STREET ADDRESS	ONE BISCAYNE TOWER
CITY - ST - ZIP	MIAMI FL
TITLE	DVP
NAME	AMEGLIO, FABIOLA I
STREET ADDRESS	ONE BISCAYNE TOWER
CITY - ST - ZIP	MIAMI FL
TITLE	DVP
NAME	AMEGLIO, KRISNA K I
STREET ADDRESS	ONE BISCAYNE TOWER
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	DORATI, AMEGLIO D SOLMARA
STREET ADDRESS	ONE BISCAYNE TOWER
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	AMEGLIO, MONICA I
STREET ADDRESS	ONE BISCAYNE TOWER
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE AMEGLIO	
1.3 STREET ADDRESS	22760 MANDEVILLE PL. D	
1.4 CITY - ST - ZIP	BOCA RATON FL 33433	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRISNA KARINA AMEGLIO	
2.3 STREET ADDRESS	22760 MANDEVILLE PL. D	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33433	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

Jorge Ameglio *Apr. 28 '95 (407) 338-4284*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)