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Feb 14 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 # P93000028568 (2)

1. Corporation Name  
SURSUM CORDA INCORPORATED



Principal Place of Business  
22760 MANDEVILLE PL  
Suite D  
BOCA RATON FL 33433  
US

Mailing Address  
22760 MANDEVILLE PL  
Suite D  
BOCA RATON FL 33433-4034  
US

3. Date Incorporated or Qualified 04/15/1993  
3a. Date of Last Report 06/19/1996  
4. FEI Number 65-0419460  
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 Suite, Apt #, etc  
22 City & State  
23 Zip 25 Country

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
JORGE AMEGLIO  
22760 MANDEVILLE PL D  
~~2-6 BIOCAYNE DRIVE~~  
BOCA RATON FL 33433

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., SUITE D  
83  
84 City Boca Raton, FL 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 607.0505, 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 P  DELETE  
NAME AMEGLIO, JORGE  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL  
TITLE VP  DELETE  
NAME KRISNA KARINA AMEGLIO  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL  
TITLE DVP  DELETE  
NAME PARENTEAU, FABIOLA  
STREET ADDRESS 22760 MANDEVILLE PL. D  
CITY-ST-ZIP BOCA RATON FL 33433  
TITLE DT  DELETE  
NAME DORATI, AMEGLIO D. SOLMARA  
STREET ADDRESS 22760 MANDEVILLE PL. D  
CITY-ST-ZIP BOCA RATON FL 33433  
TITLE DS  DELETE  
NAME AMEGLIO, MONICA I  
STREET ADDRESS 2270 MANDEVILLE PL. D  
CITY-ST-ZIP BOCA RATON FL 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
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 DORATI, SOLMORAINE  
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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 register 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: \_\_\_\_\_ Date Feb 10 '97 (561) 338-9284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)