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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B Mortnam

Secretary of State
Division OF CORPORATIONS

1996

DOCUMENT # P93000045970 (9)
1. Corporation Name

BIRILLI, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of	Business	Maling Address			1100	::#4: 11E +81E 131f4				
400 SOUTH PO APT. 1410		960 ARTHUR GODFREY RD Suite 401 Miami Beach Fl 33140 US								
MIAMI BEACH	FL 99139					3. Date incorporated or Qualified 06/29/1993 3a. Date of Last Report 05/01/1995			95	
2. Principal Plac		2a. Mailing Address			4. FEI Nur					Applied For
108 1	W. Rivo Alto DR	26			65	-0419658				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certifica	5. Certificate of Status Desired				Additional Required	
City & State	i Beach, FL	City & State			Trust Fo	n Campaign Fina und Contribution	1		Adde	May Be d to Fees
Zip	Country	Zip	Cour	try		rporation has lia	bility for in	tarigible	tax under s	199.032,
33139	25	29	30			Statutes and Address o	Yes		d Agent	
	g. Name and Address of Current	Registered Agent		31 Name	10. Name	and Address o	I New ne	Aistera	u Agent	
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Ferrari,				B2 Street Ad	dress (P.O. Box W. Riv	Number is Not A	Acceptable))	-	
	nciana ave.		}	108	W. KIU	OHMO	יוט כ			
MIAMI FL	-33133 -		ļ				<u></u> -			
			Ì	84 City	1 0.			F		p Code
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14. I do hereby certify that the information supplied with this filing is vorontarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Furnier 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 roceiver 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 the roceiver or made and the supplementation.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Stayte in Physic #