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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068704 (4)

1. Corporation Name

CHIAMPESAN (USA), INC.

Principal Place of Business

9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156

Mailing Address

9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0450873

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 § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1500 SAN REMO AVENUE

2a. Mailing Address

26 1500 SAN REMO AVENUE

Suite, Apt., #, etc.

22 SUITE 180

Suite, Apt., #, etc.

27 SUITE 180

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33146

Country

25 USA

Zip

29 33146

Country

30 USA

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.
9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156

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, State or printed name of registered agent and the corporation)

(Signature, State or printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
CHIAMPESAN, GIOVANNI
770 CLAUGHTON ISLAND #1009
MIAMI FL

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

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 is voluntarily furnished and does not equally for their compliance stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall make the same binding upon the corporation. 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) changed, or on an attachment with an address.

SIGNATURE:

Giovanni Chiampesan
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIOVANNI CHIAMPESAN

2/1/95 661-9619 (305)