FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000079309 (9)

1. Corporation Name

MAZZETTI INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
220 SUNRISE AVE #210 PALM BEACH FL 33480 US	220 SUNRISE AVE #210 PALM BEACH FL 33480 US

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 139 N. COUNTY ROAD
Suite, Apt. #, etc
22 23
City & State
23 PALM BEACH, FL
Zip 24 33480 Country 25 PALM BEACH

2a. Mailing Address
26 139 N. COUNTY ROAD
Suite, Apt. #, etc.
27 # 23
City & State
28 PALM BEACH, FL
Zip 29 33480 Country 30 PALM BEACH

4. FEI Number: 65-0443791 ☐ 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

MAZZETTI, GIANLUCA
220 SUNRISE AVE
SUITE 210
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 139 N. COUNTY ROAD # 23
83
84 City PALM BEACH FL 85 Zip Code 33480

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 — DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	MAZZETTI, GIANLUCA	
STREET ADDRESS	220 SUNRISE AVE, SUITE 210	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	MAZZETTI, GIANLUCA	
STREET ADDRESS	220 SUNRISE AVE, SUITE 210	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	139 N. COUNTY ROAD #23	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	* SAME AS ABOVE *	
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		

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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 119.07(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: Gianluca Mazzetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GIANLUCA MAZZETTI — Date 5/8/96 — Daytime Phone # 407 832-[illegible]