

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000079309 (9)**

1. Corporation Name  
**MAZZETTI INTERNATIONAL INVESTMENTS, INC.**

Principal Place of Business <b>139 N COUNTY ROAD SUITE 23 PALM BEACH FL 33480 US</b>	Mailing Address <b>139 N. COUNTY ROAD SUITE 23 PALM BEACH FL 33480-3918 US</b>
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2. Principal Place of Business 21 <b>120 SOUTH OLIVE AVENUE</b> Suite, Apt. #, etc. 22 <b>206</b> City & State 23 <b>WEST PALM BEACH</b> Zip 24 <b>33401</b> Country 25 <b>FLORIDA</b>	2a. Mailing Address 26 <b>401 AUSTRALIAN</b> Suite, Apt. #, etc. 27 City & State 28 <b>PALM BEACH</b> Zip 29 <b>33480</b> Country 30 <b>FLORIDA</b>
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3. Date Incorporated or Qualified <b>11/17/1993</b>	3a. Date of Last Report <b>05/29/1996</b>
4. FEI Number <b>65-0443791</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MAZZETTI, GIANLUCA  
139 N COUNTY ROAD  
SUITE 23  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZETTI, GIANLUCA	1.2 NAME	
STREET ADDRESS	139 N. COUNTY ROAD, SUITE 23	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZETTI, GIANLUCA	2.2 NAME	
STREET ADDRESS	139 N. COUNTY ROAD, SUITE 23	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 of this form.

SIGNATURE: **Gianluca Mazzetti** *[Signature]* **3/30/97** **561 835-4143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: **Gianluca Mazzetti** **President** DATE: **3/30/97** DAYTIME PHONE: **561 835-4143**

CR2E034 (9/96)