


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

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Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>120 SOUTH OLIVE AVENUE 206 WEST PALM BEACH FL 33401 US</b>	Mailing Address <b>401 AUSTRALIAN PALM BEACH FL 33480 US</b>
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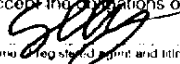


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1400 ALABAMA AVENUE</b> Suite, Apt #, etc. 22 <b>7</b> City & State 23 <b>WEST PALM BEACH FL</b> Zip 24 <b>33401</b>	2a. Mailing Address 26 <b>401 AUSTRALIAN AVENUE</b> Suite, Apt #, etc. 27 City & State 28 <b>PALM BEACH FLORIDA</b> Zip 29 <b>33480</b> Country 30	3. Date Incorporated or Qualified <b>11/17/1993</b>	4. FEI Number <b>65-0443791</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>MAZZETTI, GIANLUCA 139 N COUNTY ROAD SUITE 23 PALM BEACH FL 33480</b>	10. Name and Address of New Registered Agent 81 Name <b>MAZZETTI GIANLUCA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>401 AUSTRALIAN AVENUE</b> 83 84 City <b>PALM BEACH</b> FL 85 Zip Code <b>33480</b>
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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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/21/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZETTI, GIANLUCA</b>	1.2 NAME	<b>MAZZETTI GIANLUCA</b>
STREET ADDRESS	<b>139 N. COUNTY ROAD, SUITE 23</b>	1.3 STREET ADDRESS	<b>401 AUSTRALIAN AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZETTI, GIANLUCA</b>	2.2 NAME	<b>MAZZETTI GIANLUCA</b>
STREET ADDRESS	<b>139 N. COUNTY ROAD, SUITE 23</b>	2.3 STREET ADDRESS	<b>401 AUSTRALIAN AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

587 8354143

CR2E034 (10/97)