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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006386 (4)

FORTISSIMO CORPORATION

Principal Place of Business Mailing Address

FILED May 06 1997 8:00am Secretary of State



2722 W ATLAN STE 22 POMPANO BE			P.O. BOX 7076 HOLLYWOOD FL 33021 US				Delta del Carlo	T- 6				
US								3. Date Incorporated or Qualified 12/07/1993	3a. Date of Last Report 05/14/1996			
2. Principal P	lace of Busin		2a. Mailing Address				4. FEI Number		1	Applied For		
Sulte, Apt.	# oto		Suite, Apt. #, etc.				65-0469065 Not Applicable					
22	·	27]	27				5. Certificate of Status Desired	匁	\$8.75 Additional Fee Required			
City & State			City & 9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24		Country 25	Zip 29	Zip Cpuntr 29 30				8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes				
= 11	1	and Address of Curr						10. Name and Address of New Registered Agent				
SANG, REINA J							Name					
4501 JOHNSON ST. HOLLYWOOD FL 33021						82 Street Address (P.O. Box Number is Not Acceptable)						
HUL	LLTWOOD F				83							
						84	City		FL	85 Zir	o Code	
11 Pursuant	to the provisi	ons of Sections 607 0	502 and 607 1508	Florida Statu	ites the at	OUVE	a-named cor	rooration submits this statement for the r		Changing	its registered	
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 Stuch 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 typod or printed name of registered agent and title if applicable (NOTE: Registered								uired when reinstating)	DATE			
12.		OFFICERS A	ND DIRECTORS		13.		·	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	CANO D	PIAIA I		DEFELE	1.1 1/1					Change	: L_ Addition	
NAME	SANG, RI	HNSON ST.			1.2 NA							
STREET ADDRESS		00D FL 33021					ADDRESS					
CITY-ST-ZIP TITLE	HOLLTON	00011		DELETE	1.4 CI 2.1 TII		1- 211			☐ Change	Addition	
NAME					2.2 NA					C change	2.1. F. 1. 3. F. 1	
STREET ADDRESS					2.3 ST	REE1	ADDRESS					
CITY-ST-ZIP					2. # C	(1Y-S	ST - ZIP					
TITLE			METOD TOWN SOME POST IN SERVICE IN ALL STANDS	DELETE	3.1 11	ILE				Change	Addition	
NAME					3.2 NA	ME						
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TITLE				DELETE	4.1 111					Change	: [] Addition	
NAME STREET ADDRESS					4. P.N.		1000000					
	<u> </u>				1		ADDRESS					
CITY-ST-ZIP TITLE	-			DELETE	4.4 CI 5.1 TH		1-11.			Change	Addition	
NAME	ł				5.2 NA					J90	Bandy : 100/3/07/	
STREET ADDRESS	1				1		ADDRESS					
CITY-ST-ZIP					5.4 CI							
TITLE				DELETE	6.1 Ti				 	Change	Addition	
NAME					6.2 NA	ME						
STREET ADDRESS		The state of the s			6.3 ST	REE1	ADDRESS					
CITY-ST-ZIP					6.4 CI	1 Y - S	1 - ZiP					

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 supplimental 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 of 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.