

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 # P94000014438 (3)

1. Corporation Name

BUZZINI USA, INC.



Principal Place of Business

Mailing Address

1632 NW 16TH TERR.
APT. 6
MIAMI, FL 33125

1632 NW 16TH TERR.
APT. 6
MIAMI, FL 33125

2. Principal Place of Business
21 7100 SW 47th ST

2a. Mailing Address
26 9545 SW 30th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27

City & State

City & State

23 Miami - FL

28 Miami - FL

24 Zip 33155

Country USA

29 Zip 33165

Country USA

9. Name and Address of Current Registered Agent

COSTABEL, ATTILIO M
80 SW 8TH ST.
SUITE 2014
MIAMI FL 33130

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report
08/14/1995

4. FEI Number
54-0504729

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
BUZZINI, DANTE
STREET ADDRESS VIA PER CANZO 24
CITY-ST-ZIP CASTELMARTE, COMO (ITALY)

TITLE ☐ DELETE

NAME DS
BUZZINI, STEFANO
STREET ADDRESS VIA MONTE GRAPPA 15
CITY-ST-ZIP PONTE LAMBRO, COMO

TITLE ☒ DELETE

NAME V
SUAREZ, LUIS A
STREET ADDRESS C/O 1632 NW 16TH TERR., APT. 6
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ DELETE

NAME T
BUZZINI, ANNA
STREET ADDRESS C/O 1632 NW 16TH TERR., APT. 6
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

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 qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANTE BUZZINI

Date

Daytime Phone #

03/04/96 (305) 553-2390

CR2E034 (12/95)