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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

	n Name / ROSE	# P94000 NC.	0300:	37 (3)								
Principal Place of Business Mailing Address								\dashv				
1540 E COMMI				1540 E COMMERCIAL BLVD.				1				
SUITE B	EUONT DEAD	SUITE B										
FORT LAUDER	LAUDERDALE FL 33334-5752				Į							
									 Date Incorporated or Qualified 05/12/1994 		ate of Last Re 30/1996	eport
2. Principal Pl	lace of Busin	2a. Mailin	2a. Mailing Address					4. FEI Number			plied For	
21	# =10	26	4. <u> </u>					65-0491149			1 Applicable	
Suite, Apt.	#, etc.	i	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State		27 City &	City & State					6. Election Campaign Financing		\$5.00		
23		├ ─┐ `	28					Trust Fund Contribution		Added t		
Zip		Country	Zip		Co	ountry			8. This corporation has liability to	intangible		
24	25			29 30					Florida Statutes Yes No			
		and Address of Current	t Registered /	Agent		-			10. Name and Address of New R	egistered	Agent	
- RECADRO INT'L IN S. 1540 E COMMERCIAL BLVD						81 Name			nz Benz			
			82	Street Ad	dres	s (P.O. Box Number is Not Accepte	ible)					
Suite B Ft Lauderdale Fl. 33334						83						
FIL	LAUUEKUA	LE FL 33334				63						ł
_							City			FL	85 Zip (Code
11. Pursuant t	to the provis	ions of Sections 607.050	and 607.150	8, Florida Statut	es, the a	above	e-named co	огрога	ation submits this statement for the	purpose o	changing its	s registered
office or re agent. I ar	egistered ag m familiar wi	ent or both, in the State th and accept the obliga	of Florida, Suc tions of, Section	th change was a on 607,0505, Fig	authoriza orida Sta	ed by atute <u>s</u>	the corpor	ration	ation submits this statement for the i's board of directors. I hereby acc	pt the app	ointment as	registered
SIGNATURE	- H	t. I lun	n H	Ken	>	10	ecr.		when reinstating)	/3/	92	
	Signature, typed	or printed name of registered ager	<u></u>	ole (NOT	ERUgister	red Age	nt signature red	dateq /	when reinstating)	DA E	DIDECTOR	0.0140
12.	P	OFFICERS AND	DIRECTORS	DELETE	13.	TITLE			ADDITIONS/CHANGES TO OFF	CERS AND	Change	S IN 12 Addition
NAME	RONCAG	GALLI, GIANNI		OLCCIE		NAME	ļ				Onlingo	- Madillori
STREET ADDRESS		COMMERCIAL BLVD. S	UITE B	TC D			ADDRESS					ĺ
CITY-ST-ZIP		UDERDALE FL 33334										
TITLE	V			DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				····	Change	Addition
NAME	RONCAG	ALLI, SILVIA			221	NAME	[ĺ
STREET ADDRESS	1540 E (COMMERCIAL BLVD. S	UITE B	ITE B			2.3 STREET ADDRESS					İ
CITY-ST-ZIP	FORT LA	UDERDALE FL 33334			2.4	CITY-S	iT-ZIP]
TITLE	S			DELETE	3.1	TITLE					Change	Addition
NAME	RENZ, H				3.2	NAME						
STREET ADDRESS		COMMERCIAL BLVD. S	IUITE B		3.3	STREET	ADDRESS					1
CITY - ST - ZIP	FURI LA	UDERDALE FL 33334		□ oci		CITY-S	T-ZIP				T-1	
TITLE				☐ DELETE		TITLE					Change	Addition
NAME					l l	NAME						1
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		· 		DELETE	_	CITY - ST TITLE	I - ZIP				Change	Addition
TITLE				- becut	•	NAME	1				€ ⊃ ∧ıαıı ğ α	
NAME STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP						STREET CITY-ST						,
TITLE				DELETE		TITLE	1-211				Change	Addition
NAME						NAME					- •	_ "
STREET ADDRESS							ADDRESS					1
					I							

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 of the receivedor 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:

FILED

Feb 13 1997 8:00am

Secretary of State