

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 # P94000065670 (9)

1. Corporation Name

CAPELLI EUROPA, INC.



Principal Place of Business

Mailing Address

22039 FLANDERS CT.
BOCA RATON FL 33428

22039 FLANDERS CT.
BOCA RATON FL 33428

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 124 N.E. 2ND ST
Suite, Apt. #, etc.

2a. Mailing Address

26 23122-3 ISLAND VIEW DR
Suite, Apt. #, etc.

4. FEI Number
65-0520308

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

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33432

Country

25 PALM BEACH

Zip

29 33433

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

BOSCO, ELLEN
22039 FLANDERS CT.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

23122-3 ISLAND VIEW DR

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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: X Ellen Bosco

ELLEN BOSCO

X 4/28/96

(Signature typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTD ☐ DELETE
NAME BOSCO, ELLEN
STREET ADDRESS 22039 FLANDERS CT.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE P ☐ DELETE
NAME BOSCO, MARIA
STREET ADDRESS 22039 FLANDERS CT.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 23122-3 ISLAND VIEW DR
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

2.1 TITLE P D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 23122-3 ISLAND VIEW DR
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

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

ELLEN BOSCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)