FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068825 (6)

1. Corporation Name
PUGLIELLI, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~6800 INDIAN CREEK - SUITE 118~~ ~~MIAMI BEACH FL 33141~~	~~6800 INDIAN CREEK - SUITE 118~~ ~~MIAMI BEACH FL 33141~~

3. Date Incorporated or Qualified: **09/19/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 34 SE 2nd Ave #305
22: Suite, Apt. #, etc.
23: City & State: M. Beach, Florida
24: Zip: 33141
25: Country: U.S.A.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0520305 ☐ 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

9. Name and Address of Current Registered Agent

PUGLIELLI, MARCUS P
6800 INDIAN CREEK SUITE 118
MIAMI BEACH FL 33141

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: Marcus Paulo Puglielli DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PUGLIELLI, MARCUS P	12 NAME	
STREET ADDRESS	% 6800 INDIAN CREEK SUITE 118	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	14 CITY-ST-ZIP	
TITLE	SVT	21 TITLE	SVT - Marco A.S. Pugliell ☐ Change ☐ Addition
NAME	~~PUGLIELLI, MARCUS P~~	22 NAME	
STREET ADDRESS	~~% 6800 INDIAN CREEK SUITE 118~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI BEACH FL 33141~~	24 CITY-ST-ZIP	6800 Indian Creek # 118 M.B. 33141
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Marcus Paulo Pugliell 03.29.95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01B0033 CP