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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

DOCUMENT # P94000069123 (5)

BURGATTI, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 8690 SW 26TH ST 1581 BRICKELL AVE. **SUITE 1501 SUITE 1501** MIAMI FL 33155 MIAMI FL 33129 3a. Date of Last Report 3. Date Incorporated or Qualified 09/20/1994 04/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0520992 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No Zip Country $Z_{\rm IP}$ Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURASCHI, LUIGI 1581 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1501** 83 MIAMI FL 33129 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 DATE (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change ___ Addition TITLE 1.1 TITLE **BURASCHI, LUIGI** NAME 1.2 NAME 1581 BRICKELL AVE. #1501 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP 1.4 C(TY - S1 - Z)P DELETE Change Addit-on TITLE 213016 **GATTINONI, FABIANA** NAME 2.2 NAME 1581 BRICKELL AVE. #1501 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33129** 2 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 3 1 7/11 E TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 4 1 71111 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 \$1REEL ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Add-tion 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TRUE TITLE 6.2 NAME NAME STREET ADDRESS

14. I do hereby cerify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 change (1.2) on an attachment with an address. BURASCHI 1-25-37