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 # **P94000079028 (4)**

1. Corporation Name

PREZZEMOLO, INC.

Principal Place of Business	Mailing Address
360 GRECO AVENUE SUITE 207 CORAL GABLES FL 33146	360 GRECO AVENUE SUITE 207 CORAL GABLES FL 33146

	Principal Place of Business	Mailing Address
2. / 2a.	21 330 GRECO AVE	26 330 GRECO AVE
Suite, Apt. #, etc. / Suite, Apt. #, etc.	22 104	27 104
City & State	23 CORAL GABLES, FL	28 CORAL GABLES, FL
Zip / Country	24 33146 / 25 USA	29 33146 / 30 USA

3. Date Incorporated or Qualified: 10/27/1994

3a. Date of Last Report: 03/08/1995

4. FEI Number: 65-0559089 ☐ 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

ZERBONE, ALESSANDRO
360 GRECO AVENUE
SUITE 207
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: ZERBONE, ALESSANDRO
82 Street Address (P.O. Box Number is Not Acceptable): 330 GRECO AVE
83: SUITE 104
84 City: CORAL GABLES FL 85 Zip Code: 33146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	ZERBONE, ALESSANDRO
STREET ADDRESS	360 GRECO AVE. #207
CITY-ST-ZIP	CORAL GABLES FL 33146
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	ZERBONE ALESSANDRO	
1.3 STREET ADDRESS	330 GRECO AVE, #104	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
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		

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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: A. ZERBONE 1/17/96 (305)461-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #