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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000094227 (3)**

1. Corporation Name

**ITALIAN TOBACCO USA, INC.**

Principal Place of Business

**122 NE 11TH STREET  
MIAMI FL 33132**

Mailing Address

**122 NE 11TH STREET  
MIAMI FL 33132**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**GANGUZZA, JOSEPH H ESQ.  
44 WEST FLAGLER STREET 14TH FLOOR  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

**PATRIZIO CLERICI**

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

**11091 N.W. 27 STREET**

83

**SUITE 210**

84 City

**MIAMI**

**FL**

85 Zip Code

**33172**

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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE **PATRIZIO CLERICI - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

*1/18/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CLERICI, PATRIZIO**  
STREET ADDRESS **122 NE 11TH STREET**  
CITY - ST - ZIP **MIAMI FL 33132**

TITLE **SD** ☐ DELETE

NAME **GABRIELE, FRANCESCO**  
STREET ADDRESS **122 NE 11TH STREET**  
CITY - ST - ZIP **MIAMI FL 33132**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **CLERICI, PATRIZIO**  
1.3 STREET ADDRESS **11091 N.W. 27 STREET, SUITE 210**  
1.4 CITY - ST - ZIP **MIAMI, FL 33172**

2.1 TITLE **SD** ☒ Change ☐ Addition

2.2 NAME **GABRIELE, FRANCESCO**  
2.3 STREET ADDRESS **11091 N.W. 27 STREET, SUITE 210**  
2.4 CITY - ST - ZIP **MIAMI, FL 33172**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: **Chq. Patti E. Probst**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**  
Date  
**716-9993**  
Device Phone

CR2E034 (12/95)