

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 # **P95000002754 (6)**

1. Corporation Name

SMERALDO, INC.

Principal Place of Business

**101 MADEIRA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**101 MADEIRA AVENUE
CORAL GABLES FL 33134**



3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

4. FEI Number

65-0548909

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

2. Principal Place of Business

21 **401 Biscayne Blvd**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **S-210**

27 City & State

23 **Miami, Fl.**

28 Zip

24 **33132**

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.

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

Signature (typed or printed name of registered agent and the principal officer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Luca Donno	
STREET ADDRESS	7741 S.W. 170 St.	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Vice President	☐ DELETE
NAME	Kelly Yeung	
STREET ADDRESS	1957 Seventy-First Street	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Secretary	☐ DELETE
NAME	Norberto Filandi	
STREET ADDRESS	401 Biscayne Blvd. S-210	
CITY-ST-ZIP	Miami, FL 33132	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. 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:

Vua Deere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

305-252-1683

Daytime Phone #

CR2E034 (12/95)