

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 09 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000028831 (2)**

1. Corporation Name  
**MICHELLO, INC.**



Principal Place of Business: **2101 BRICKELL AVE., APT. 324 MIAMI FL 33129**  
Mailing Address: **2101 BRICKELL AVE., APT. 324 MIAMI FL 33129**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **04/12/1995**  
3a. Date of Last Report  
4. FEI Number: **65057308A**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent (81-84):  
**GANDOLFO, EDUARDO A**  
**2101 BRICKELL AVE., APT. 324**  
**MIAMI FL 33129**

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: **PRESIDENT / SECRETARY**  DELETE  
2. NAME: **EDUARDO A. GANDOLFO**  
3. STREET ADDRESS: **2101 BRICKELL AVE., APT. 324**  
4. CITY-STATE-ZIP: **MIAMI-FL 33129**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME:  Change  Addition  
3. STREET ADDRESS:  Change  Addition  
4. CITY-STATE-ZIP:  Change  Addition  
5. TITLE:  Change  Addition  
6. NAME:  Change  Addition  
7. STREET ADDRESS:  Change  Addition  
8. CITY-STATE-ZIP:  Change  Addition  
9. TITLE:  Change  Addition  
10. NAME:  Change  Addition  
11. STREET ADDRESS:  Change  Addition  
12. CITY-STATE-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(305)**  
**March 12 96 857-9649**  
Date: \_\_\_\_\_ Day: \_\_\_\_\_

CR2E034 (12/95)