

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 # P95000038879 (9)

1. Corporation Name

SUMELAGO USA, INC.



Principal Place of Business

Mailing Address

~~% WLMC REGISTERED AGENTS, INC.~~
~~701 BRICKELL AVENUE, SUITE 2000~~
~~MIAMI FL 33131~~

~~% WLMC REGISTERED AGENTS, INC.~~
~~701 BRICKELL AVENUE, SUITE 2000~~
~~MIAMI FL 33131~~

2. Principal Place of Business

2a. Mailing Address

21 7826 N.W. 53 STREET

26 7826 N.W. 53 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI - FLORIDA

28 MIAMI - FLORIDA

Zip

Country

Zip

Country

24 33166

25 U.S.A.

29 33166

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

4. FEE Number

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

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

81 Name

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 of person representing the corporation (if not the owner, then the owner)

(If Not Registered Agent, sign and accept statement on separate form)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	☐ DELETE
NAME	VITALE, CARLO	
STREET ADDRESS	CALLE 72 Y AVE. 2-A, EDIFICO DONEY, #9	
CITY- ST- ZIP	MARACAIBO ZULIA, VENEZUELA	
TITLE	D	☐ DELETE
NAME	VITALE, KARIN	
STREET ADDRESS	CALLE 72 Y AVE. 2-A, EDIFICO DONEY, #9	
CITY- ST- ZIP	MARACAIBO ZULIA, VENEZUELA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	

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: CARLO VITALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96
Date

Daytime Phone #

CR2E034 (12/95)