

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0581941

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD.
SUITE 4815
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPTS ☐ DELETE
NAME SALUSSOLIA, PIERO
STREET ADDRESS 200 S. BISCAYNE BLVD., #4815
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME FEDELE, PATRIZIA
1.3 STREET ADDRESS 5555 Collins Ave. Apt. 7K
1.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE VP ☒ DELETE
NAME SALUSSOLIA, GIUSEPPE
STREET ADDRESS 200 S. BISCAYNE BLVD., #4815
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME FUENTES CARMEN
2.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 4815
2.4 CITY-ST-ZIP Miami, FL 33131

TITLE VP ☒ DELETE
NAME ZAGGI, ROSELLA
STREET ADDRESS 200 S. BISCAYNE BLVD., #4815
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME BOLOGNA, STEFANIA
3.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 4815
3.4 CITY-ST-ZIP Miami, FL 33131

TITLE VP ☒ DELETE
NAME PIRAS, ALESSANDRA
STREET ADDRESS 200 S. BISCAYNE BLVD., #4815
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VAS ☒ DELETE
NAME BOLOGNA, STEFANIA
STREET ADDRESS 200 S. BISCAYNE BLVD., #4815
CITY-ST-ZIP MIAMI FL 33131

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE: Piero Salussolia

04/22/99

(305) 373-7016

CR2E034 (11/98)