

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

585 - APPROVED AND FILED

96 MAY -1 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000048558**

1. Corporation Name

**THROTTLE TEAM CORP.,**

( )

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

6/19/95

2. Principal Place of Business

2a. Mailing Address

21. **2300 CORAL WAY**

26. **2300 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23. **MIAMI FLORIDA**

28. **MIAMI FLORIDA**

Zip

Country

Zip

Country

24. **33145**

25. **USA**

29. **33145**

30. **USA**

4. FEI Number

Applied For

**65-0591400**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

**FLORIDA ANNUAL REPORT SERVICES INC.**

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

**2300 CORAL WAY SUITE #200**

83

84. City **MIAMI**

FL

85

Zip Code **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

**AMADA CANTERA LOPEZ, PRES**

Signature of principal name of registered agent is not applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/ ALESSANDRO DI BARI**  DELETE  
**109 First Terrace,  
Dillido Island  
Miami Beach, FL 33139**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**300001813553  
-05/08/96--01064--028  
\*\*\*200.00 \*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/ ENRICO CAMPANINI**  DELETE  
**4730 Pinetree Dr., #4  
Miami Beach, FL 33139**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/ STEFANO RIZZO**  DELETE  
**1747 Alton Road  
Miami Beach, FL 33139**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/ ARMANDO CURCIO**  DELETE  
**4730 Pinetree Dr., Suite #4  
Miami Beach, FL 33140**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

6.1 TITLE  
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)(b), 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 I 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALESSANDRO DI BARI**

**4/30/96**

DATE

DATE

CORPORATION