

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P95000086520 (0)

1. Corporation Name

PELEGRINI CORPORATION



Principal Place of Business

1541 BRICKELL AVE.
#C3005
MIAMI FL 33129

Mailing Address

1541 BRICKELL AVE.
#C3005
MIAMI FL 33129

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

MARIN, CHRISTIAN F
9110 FOUNTAINBLEAU BLVD.
#304
MIAMI FL 33172

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

N/A

4. FCI Number

65-062-5549

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

☒

☐

No

10. Name and Address of New Registered Agent

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 607.0402 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 607.0406, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

1 NAME
D
PELEGRINI, LUCA
2 STREET ADDRESS
VIA MARGUTTA #33, #00187
3 CITY, ST, ZIP
ROME ITALY

☐ DELETE

4 NAME
5 STREET ADDRESS
6 CITY, ST, ZIP

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7 NAME
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9 CITY, ST, ZIP

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39 CITY, ST, ZIP

☐ DELETE

40 NAME
41 STREET ADDRESS
42 CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon N. OS (305) 876-0235
U.P. - secretary

CR2E034 (12/95)