

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P96000002709 (9)

1. Corporation Name

EVAM INTERNATIONAL, INC.

Principal Place of Business

C/O 200 SOUTH BISCAYNE BLVD. #4815
MIAMI FL 33131

Mailing Address

C/O 200 SOUTH BISCAYNE BLVD. #4815
MIAMI FL 33131



3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0647585

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

9. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD. #4815
MIAMI FL 33131

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 607.0502 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

TITLE D MARCHI, MAURO ☐ DELETE
NAME
STREET ADDRESS VIA BORGO CASALE 61 36100 VICENZA
CITY-ST-ZIP ITALY

TITLE D MARCHI, VALERIA ☐ DELETE
NAME
STREET ADDRESS CORSO FOGAZZARO 204 36100 VICENZA
CITY-ST-ZIP ITALY

TITLE D MARCHI, EMANUELA ☐ DELETE
NAME
STREET ADDRESS CONTRA LODI 48 36100 VICENZA
CITY-ST-ZIP ITALY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME MARCHI, MAURO
1.3 STREET ADDRESS Via Borgo Casale 61
1.4 CITY-ST-ZIP 36100 Vicenza, ITALY

2.1 TITLE D/S ☐ Change ☒ Addition
2.2 NAME MARCHI, VALERIA
2.3 STREET ADDRESS Corso Fogazzaro 204
2.4 CITY-ST-ZIP 36199 Vicenza, ITALY

3.1 TITLE D/T ☐ Change ☒ Addition
3.2 NAME MARCHI, EMANUELA
3.3 STREET ADDRESS Contra Lodi 48
3.4 CITY-ST-ZIP 36100 Vicenza, ITALY

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME FUENTES, CARMEN
4.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 4815
4.4 CITY-ST-ZIP Miami, FL 33131

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 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.

SIGNATURE

Carmen Fuentes

CARMEN FUENTES

4/21/97

(205) 373 7016

CR2E034 (9/96)