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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000032975 (0)

1. Corporation Name
~~TOMASETTO LOVATO CORPORATION~~
M. GHANDY CORPORATION (SEE ATTACHED)

Principal Place of Business	Mailing Address
% ROTH, MILNE AND ROUSSO 9350 S. DIXIE HIGHWAY PH2 MIAMI FL 33156	% ROTH, MILNE AND ROUSSO 9350 S. DIXIE HIGHWAY PH2 MIAMI FL 33156-2945

3. Date Incorporated or Qualified: 04/16/1996
3a. Date of Last Report: NEW

2. Principal Place of Business	2a. Mailing Address
21 104 CROMDON BLVD	26 104 CROMDON BLVD
Suite, Apt. #, etc. 22 421-C	Suite, Apt. #, etc. 27 421-C
City & State 23 KEY BISCAYNE, FL	City & State 28 KEY BISCAYNE, FL
Zip 24 33149 Country 25 USA	Zip 29 33149 Country 30 USA

4. FEI Number: 65-0659193 ☐ 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

ROTH, LEONARDO
9350 SOUTH DIXIE HIGHWAY
PH2
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: MARIO R. PARDO
82 Street Address (P.O. Box Number is Not Acceptable): 104 CROMDON BLVD
83 SUITE 421-C
84 City: KEY BISCAYNE FL 85 Zip Code: 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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's signature required when printable.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GANDOLFO, DOTT MARIABELLA, AV. AZUL 3754/80 OLIVOS BUENOS AIRES, ARGENTINA ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LAXCOX, ADA M 754/80 LAVELLE 1454 2 P. OF 14/15 (1048) BUENOS AIRES, ARGENTINA ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002197454 -06/02/97--01035--026 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 5-19-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: MARIO R. PARDO 4/29/97 365 0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #