P96000033728 **DOCUMENT #**

1. Entity Name

FERRERO INVESTMENTS, INC.

Principal Place of Business

6320 BISCAYNE BLVD.

#19

MIAMI FL 33138

2. Principal Place of Business

South

6. Name and Address of Current Registered Agent

30<u>3</u>

Mailing Address 6320 BISCAYNE BLVD.

3. Mailing Address

#19 MIAMI FL 33138

US

Countr

4. FEI Number 65-0662959

5: Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

DATE

DO NOT WRITE IN THIS SPACE

Secretary of State

03-14-2002 90078 003 ***150 00

CASTORO, FRANCIS X ESQ 2100 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020

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COLLL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	
13	s

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME FERRERO, URSULA NAME STREET ADDRESS 6320 BISCAYNE BLVD. #19 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME PELUTTIERO, STEPHAN NAME 6320 BISCAYNE BLVD., #19 STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP **MIAMI FL 33138** ☐ Delete - -TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 report or supplemental 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01