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

Mailing Address

STF 1317

26

27

4121 SW 47TH AVE

FT LAUD FL 33314

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

4121 SW 47TH AVE

FT LAUD FL 33314

STE 1317

HS

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048746

SOPRALCO OF AMERICA, INC.

22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip Yes Personal Property Tax. 30 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DE BATTISTI, GIANCARLO Street Address (P.O. Box Number is Not Acceptable) 82 3460 YACHT CLUB DRIVE #1601 83 **AVENTURA FL 33180** Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE DE BATTISTI, GIANCARLO 1.2 NAME NAME 3460 YACHT CLUB DR, 1601 1.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE DE BATTISTI, ARCELIA 2.2 NAME NAME 3640 YACHT CLUB DR, 1601 2.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 2.4 CITY_ST_ZIP_ CITY-ST-ZIP---Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP I 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 example twith an address, with all other like empowered.

SIGNATURE:

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 001 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/05/1996 4. FEI Number

65-0676652