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

DOCUMENT # P9600050673 (8)

SALVIATI & SANTORI, INC.

Principal Place of Business

ONE PENN PLAZA SUITE 3515 NEW YORK NY 10119 Mailing Address

ONE PENN PLAZA SUITE 3515 NEW YORK NY 10119-3595

FILED Sep 23 1997 8:00am Secretary of State



NEW YORK NY 10119	NEW YORK NY 10119-3	595			
				3. Date Incorporated or Qualified 3a. 06/12/1996	Date of Last Report
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21 10 EAST MERRICK RAD		RRRICI	< Rond	59-338490	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State				Fee Required
23 VALLEY STREAM NY	28 VALLEY S	TREA	m N)	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Cou	<u> </u>	8. This corporation has liability for intangi	
24 11580 25 USA	29 11580	30	USA		□ No
9, Name and Address of Current F	Registered Agent			10. Name and Address of New Register	ed Agent
CORPORATION SERVICE COMPANY			81 Name		į
1201 HAYS STREET			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525			83		
			**		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	ind 607.1508, Florida Stat	utes, the al	pove-named c	propration submits this statement for the purpose	e of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was	s authorized	by the corpo	ration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	,				
Signature, typed or printed name of registered agent a			l Agent signature re	quired when reinstating) DATI	
12, OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·
NAME AMERI, MAURIZIO	☐ DELETE	1.1 1)1			Change Addition
ONE DENIN DI AZA CI KTE 2616		1.2 NA			
STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10119			RELT ADDRESS TY-ST-ZIP		
TITLE	DELETE	21 TII			Change Addition
NAME		2 2 NA	ME		
STREET ADDRESS		2.3 ST	REET ADDRESS		
CITY-ST-ZIP		2 4 C	TY-ST-ZIP		
TITLE	☐ DELETE	3 1 Til	LE		☐ Change ☐ Addition
NAME		3.2 NA	ME		
STREET ADDRESS		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	D DECETE		TY-ST-ZIP		Change Addition
TITLE	[_] DELETE	4.1 70			Change Addition
NAME STREET ADDRESS		4. 2 No	HEET ADDRESS	•	
CITY-ST-ZIP			TY-ST-ZIP		
TITLE	DELETE	5.1 TII			☐ Change ☐ Addition
NAME		5.2 NA	ME		
STREET ADDRESS		5.3 ST	reet address		
CITY-ST-ZIP		5.4 CI	Y-ST-ZIP		
TITLE	DETELE	6.1 111	LE		Change Addition
NAME		6.2 NA	ME		
STREET ADDRESS		6.3 \$1	REET ADDRESS		
City-St-ZiP 14. I do hereby certify that the information supplied w	70 0 1 CP - 1		Y-S1-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 of trustoe 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.

CIONIATURE.

Yill Dulle while

X11-972-130