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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000050673** (8)

SALVIATI & SANTORI, INC.

Mailmo Ar

FILED Feb 11 1998 8:00am Secretary of State



21 8250 Suite, Apt. * 22 Suit City & State 23 Vi Q	AM NY 11580 ace of Business N. V. 25* Street e 02 mi , Florida Country	10 EAST MERRICK R VALLEY STREAM NY US 28. Mishing Address 26 Strong Suite, Apt. #, etc. 27 City & State 28	11560 A-()	ego UE	DO NOT WRITE IN THI 3. Date Incorporated or Qualified 06/12/1996 4. FEI Number 59-3384969 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	Applied For Not Applicat \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24 寒	9. Name and Address of Curren	29 t Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	
120 TAL	RPORATION SERVICE COMPAN 11 HAYS STREET LAHASSEE FL 32301-2525 by the provisions of Sections 607 050 15 gistered agent, or both, in the State of familiar with land accept the obliga-	2 and 6/12 15/08 Florids St	82 83 84	City	ess (P.O. Box Number is Not Acceptable) Foration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registere
SIGNATURE	Signature Typed or printed harve of nighterestings		NOTE: Registered Agent			
12.	OFFICERS AND		13.	r signatura redutat	ADDITIONS/CHANGES TO OFFICERS A	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSECPETAILY AMERI, MAURIZIO ONE PENN PLAZA SUITE 351 NEW YORK NY 10119	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	ADDRESS TO	resident anceous Santori e. memok ad. auly Stream Py 1138	Change Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D£LEJE	2 1 TITLE 2 2 NAME 2.3 STREET A 2.4 CITY-ST	ADDRESS TO	. c. Latchman Singh ec. UP / Treasurer C. Menrick Rd .	Change MAddill
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TITLE NAME STREET ADDRESS CITY-51-2IP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ADDRESS		☐ Change ☐ Additi
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME			Change Additi

14. 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 annual report or suppliemental 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 or an attachment with an address

CNATURE YOU SEE WAY - Y. C. LATCHMANSANCE

1.12.98 51.-872-130