

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050673

1. Corporation Name

SALVIATI & SANTORI, INC.

Principal Place of Business

8250 NW 25 TH ST
SUITE 02
MIAMI FL 33122
US

Mailing Address

8250 NW 25TH ST
SUITE 02
MIAMI FL 33122
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 10 E. MERRICK RD

Suite, Apt. #, etc.

27 210

City & State

28 VALLEY STREAM NY

Zip

29 11580

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

59-3384969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSECRETARY
NAME AMERI, MAURIZIO
STREET ADDRESS ONE PENN PLAZA SUITE 3515
CITY-ST-ZIP NEW YORK NY 10119

DELETE

TITLE P
NAME SANTORI, FRANCESCO
STREET ADDRESS 10 E MERRICK RD
CITY-ST-ZIP VALLEY STREAM NY 11580

DELETE

TITLE VPT
NAME LATCHMAN, SINGH KC
STREET ADDRESS 10 E MERRICK RD
CITY-ST-ZIP VALLEY STREAM NY 11580

DELETE

TITLE VP
NAME ZUCCONI, ROBERTO
STREET ADDRESS 10 3 MERRICK RD
CITY-ST-ZIP VALLEY STREAM NY 11580

DELETE

TITLE VP
NAME ALTARAC, ARMIN
STREET ADDRESS 23450 N E 201 ST
CITY-ST-ZIP NO MIAMI BEACH FL 33180

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DSECRETARY
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE VP
5.2 NAME MARIA ELENA ALONSO
5.3 STREET ADDRESS 6752 BROOKED PALM TERRACE
5.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90023 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

1.8.99 516-872-1300