FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057538

1. Corporation Name

FACCIA ITALY CO.

Principal Place of Business / Mailing Address

8740 S.W. 132 Street
Miami, Florida 33176

3. Date Incorporated or Qualified: 7-9-96
3a. Date of Last Report: 7-9-96

2. Principal Place of Business
21: 8740 S.W. 132 Street
Suite, Apt. #, etc. 22:
City & State 23: Miami, Florida
Zip 24: 33176 Country 25: USA

2a. Mailing Address
26: 8740 S.W. 132 Street
Suite, Apt. #, etc. 27:
City & State 28: Miami, Florida
Zip 29: 33176 Country 30: USA

4. FEI Number: 65-0682061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Isabel Bermudez Alberti
7300 N.W. 34 Street
Miami, Florida 33122

10. Name and Address of New Registered Agent

81 Name: Marina B. Perez
82 Street Address (P.O. Box Number is Not Acceptable): 8740 S.W. 132 Street
83:
84 City: Miami, FL 85 Zip Code: 33176

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 X _____ January 23, 1997
Signature, Typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	1.1 TITLE P/D; 1.2 NAME Marina B. Perez; 1.3 STREET ADDRESS 8740 S.W. 132 Street; 1.4 CITY-ST-ZIP Miami, Florida 33176	☒ Change ☐ Addition
P/D Isabel Bermudez Alberti; 7300 N.W. 34 Street; Miami, Florida			
	☐ DELETE	2.1 TITLE D; 2.2 NAME Hector H. Bisio; 2.3 STREET ADDRESS 8740 S.W. 132 Street; 2.4 CITY-ST-ZIP Miami, Florida 33176	☐ Change ☒ Addition
	☐ DELETE	3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CC 2/11

800002085429
-02/12/97--01085--007
***165.00

CR2E034 (9/96)

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 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

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #