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Apr 29, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066928

1. Corporation Name

SITINDUSTRIE, INC. - USA.

Station Address			I IRBITERI MA INTERNIT BEITT BEITT BETT BETT BETT BETT BETT			
Principal Place of Business Mailing Address						
5440 W MARINER ST STE 205 TAMPA FL 33609		5540 W MARINER ST STE 205 TAMPA FL 33609 US		DO NOT WRITE IN THIS SPACE		_
US		US		3. Date Incorporated or Qualifed 08/12/1996		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	_
21 500 N	JORTH INESTHORE BOUN	126 500 NORTH W	ESTHORE BOUL	. 59-3393212	Not Applicable	e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		~311/ K		\$5.00 May Be Added to Fees		
Zip 24 36220	Country	Zip 20368 3	Country	This corporation owes the current year leading to the Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
PAUL, WILLIAM R				ONNA BAPTISTE		
C/O AKERMAN, SENTERFITT & EIDSON, P.A.			Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)			
100 SOUTH ASHLEY DRIVE						ᅥ
TAMPA FL 33602					·····	_
}	.,,,,,		84 City TU	HPA- FLORIDA F	L 36220368	
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 LONNA BAPTISTE (REGISTERED AGENT) X						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition	
TITLE	0	DELETE	1.1 TITLE	ESIDENT DIRECTOR AZIA ANTONELLA BOCCIOLO		IIIO
NAME	SOTO, JESUS		17.	+ ORIONOMETTO 3 VALE	AIDOUR	Ì
STREET ADDRESS			1.3 STREET ADDRESS	4 OKOOLOGING -	ITALY	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	CRETARY, DIRECTOR	Change Additi	- land
TITLE	<u> </u>	☐ DELETE			Change L Additi	, I
NAME			2.2 NAME	nalo bocciónne	VISSOA I	
STREET ADDRESS				13018 (NC)	ITALIA	- [
CITY-ST-ZIP			2.40III-01-2II	1-31	Change Additi	
TITLE		☐ DELETE		IRECTOR SETIMAN	Change	IUN
NAME			3.2 NAME	WID W. BREWIAN		
STREET ADDRESS	.}		3.3 STREET ADDRESS A	DO E EXTORD DL.	<u> </u>	

CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

UPLEQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

__ DELETE

GNGLEWOOD COLORADO SOULO U.S.A

COMC

MY

ASSISTANT SECRETARY

MARCO CLARIANI

VIA CIGALINI 6 COMO 22100

Change

Change

☐ Change

☐ Addition

☐ Addition