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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90232 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000066928**

1. Corporation Name
SITINDUSTRIE, INC. - USA.



Principal Place of Business
**5440 W MARINER ST
 STE 205
 TAMPA FL 33609
 US**

Mailing Address
**5540 W MARINER ST
 STE 205
 TAMPA FL 33609
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 500 NORTH WESTHORE BOUL.
 Suite, Apt. #, etc.
22 Suite 1000
 City & State
23 TAMPA - FLORIDA

2a. Mailing Address
26 500 NORTH WESTHORE BOUL.
 Suite, Apt. #, etc.
27 Suite 1000
 City & State
28 TAMPA - FLORIDA

Zip Country
24 36220368 25 FLORIDA **29 20368 30 FLORIDA**

3. Date Incorporated or Qualified
08/12/1996

4. FEI Number
59-3393212 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**PAUL, WILLIAM R
 C/O AKERMAN, SENTERFIT & EIDSON, P.A.
 100 SOUTH ASHLEY DRIVE
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name DONNA BAPTISTE
82 Street Address (P.O. Box Number is Not Acceptable) 500 NORTH WESTHORE BOULEVARD
83
84 City TAMPA - FLORIDA FL 85 Zip Code 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 **DONNA 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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTO, JESUS		1.2 NAME GRAZIA ANTONELLA BOCCIOLONE
STREET ADDRESS 5440 W MARINER ST		1.3 STREET ADDRESS VIA ORLONQUEITO 3 VALDUGGIA
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP VALDUGGIA 13018 (VC) ITALY
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME FAUSTO BOCCIOLONE
STREET ADDRESS		2.3 STREET ADDRESS VIA ORLONQUEITO 3 VALDUGGIA
CITY-ST-ZIP		2.4 CITY-ST-ZIP VALDUGGIA 13018 (VC) ITALY
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME DAVID W. BRENNAN
STREET ADDRESS		3.3 STREET ADDRESS 1400 E OXFORD PL.
CITY-ST-ZIP		3.4 CITY-ST-ZIP ENGLEWOOD COLORADO 80110 U.S.A.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME MARCO CIPRIANI
STREET ADDRESS		4.3 STREET ADDRESS VIA CIGALINI 6 COMO
CITY-ST-ZIP		4.4 CITY-ST-ZIP COMO 22100 ITALY
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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)(l), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1999 (39) - 0163 - 4361

Date

Daytime Phone #

CR2E034 (11/98)