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FILED
May 07 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 # P96000072825 (8)

1. Corporation Name
MURANO PIU MADE IN ITALY, INC.



Principal Place of Business: **200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL 33131**

Mailing Address: **200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL 33131-5312**

3. Date Incorporated or Qualified: **09/03/1996**

3a. Date of Last Report

4. FEI Number: **65-0698008**

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

~~SALUSSOLIA, PIERO~~
~~200 S. BISCAYNE BLVD., STE. 4815~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: **SALUSSOLIA GIUSEPPE**

82 Street Address (P.O. Box Number is Not Acceptable): **10295 COLLINS AVG - STE 911**

83

84 City: **BAH HARBOR** FL 85 Zip Code: **33154**

11. Pursuant to the provisions of Sections 607.0512 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]* DATE: **4/29/97**

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **D**

NAME: **MARTINI, FRANCO**

STREET ADDRESS: **VIA BONCOMPAGNI 83**

CITY-ST-ZIP: **00187 ROME, ITALY**

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 to an address.

SIGNATURE: *[Signature]* DATE: **4/29/97** 305-866-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANCO MARTINI** Daytime Phone # **0173619**

CR2E034 (9/96)