FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 25 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 # P96000081163

1. Corporation Name
Friul Cassetti, Inc.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

3. Date Incorporated or Qualified: 10/01/96
3a. Date of Last Report:

2. Principal Place of Business
21: 10233 NW 53 Street
Suite, Apt. #, etc.
22:
City & State
23: Sunrise, Florida
Zip
24: 33351
Country
25: USA

2a. Mailing Address
26: 10233 NW 53 Street
Suite, Apt. #, etc.
27:
City & State
28: Suntise, Florida
Zip
29: 33351
Country
30: USA

4. FEI Number: 65-0719517 ☐ 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
Amerilawyer
343 Almeria Ave
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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****8.75

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	Best, Max		12 NAME	Best Max	
STREET ADDRESS	4330 Sheraton Street, Suite 202B		13 STREET ADDRESS	11620 NW 29 St.	
CITY-ST-ZIP	Hollywood, FL 33021		14 CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	VTD	☐ DELETE	21 TITLE	VTDS	☒ Change ☐ Addition
NAME	Dipietto, Michele		22 NAME	Dipietto, Michele	
STREET ADDRESS	4330 Sheraton Street, Suite 202B		23 STREET ADDRESS	3474 N. University Dr. # 512	
CITY-ST-ZIP	Hollywood, FL 33021		24 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	SD	☒ DELETE	31 TITLE	V	☐ Change ☒ Addition
NAME	Ruiz, Rosalinda		32 NAME	Angela Lasala	
STREET ADDRESS	4330 Sheraton Street, Suite 202B		33 STREET ADDRESS	6151 La Vida Terr	
CITY-ST-ZIP	Hollywood, FL 33021		34 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	Varuzza, Marco		42 NAME	Varuzza, Marco	
STREET ADDRESS	4330 Sheraton Street, Suite 202B		43 STREET ADDRESS	16711 Collins Ave # 1007	
CITY-ST-ZIP	Hollywood, FL 33021		44 CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4/25/97

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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: Max Best, President 04/23/97 (954) 747-8339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR