

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000087768 (3)

1. Corporation Name
C.F.I. INTERNATIONAL, INC.

Principal Place of Business
800 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

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

FILED
Apr 28 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0710386		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				FL		85 Zip Code	

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/P/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SALUSSOLIA, PIERO			1.2 NAME	SALUSSOLIA, PIERO		
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4815			1.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815		
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COCUZZA, VINCENZO			2.2 NAME	COCUZZA, VINCENZO		
STREET ADDRESS	VIA R. SERRA 6			2.3 STREET ADDRESS	Via R. Serra 6		
CITY-ST-ZIP	20148 MILANO, ITALY			2.4 CITY-ST-ZIP	20148 Milano, ITALY		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	CAINARCA, FRANCA		
STREET ADDRESS				3.3 STREET ADDRESS	Via Serra 6		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	20148 Milano, ITALY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 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 checked, or on an attachment with an address

SIGNATURE: PIERO SALUSSOLIA 4/18/97

CR2E034 (9/96)