

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

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **123**
1. Corporation Name
99600090356
NEW FACES DIFUSSION, INC.

Principal Place of Business Mailing Address
1688 MERIDIAN AVE.
SUITE # 707
MIAMI BEACH, FLORIDA 33139

2. Principal Place of Business	2a. Mailing Address
21 1688 MERIDIAN AVENUE Suite, Apt. #, etc. 22 SUITE 707 City & State 23 MIAMI BEACH, FLORIDA Zip Country 24 33139 25 U.S.A	26 1688 MERIDIAN AVENUE Suite, Apt. #, etc. 27 SUITE 707 City & State 28 MIAMI BEACH, FLORIDA Zip Country 29 33139 30 U.S.A

3. Date Incorporated or Qualified **11/04/1996** 3a. Date of Last Report
4. FEI Number **65-0706813** 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

SALUSSOLIA PIERO
200 SOUTH BISCAYNE BLVD. SUITE 4815
MIAMI, FLORIDA 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	LONGHI FLAVIO	
STREET ADDRESS	PIAZZA LUIGI DI SAVOIA 22	
CITY-ST-ZIP	20124 MILANO, ITALY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLAUDIO BENEDETTI	
1.3 STREET ADDRESS	1699 MERIDIAN AVENUE	
1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELEONORA BONFINI	
2.3 STREET ADDRESS	1699 MERIDIAN AVENUE	
2.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address.

SIGNATURE:

ELEONORA BONFINI

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)