

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000007118			
1. Corporation Name GIOVE PLUVIO INTERNATIONAL, INC.			
Principal Place of Business c/o Moraitis, Cofar & Karney 915 Middle River Dr. #506 Ft. Lauderdale, FL 33304		Mailing Address c/o Moraitis, Cofar & Karney 915 Middle River Dr. #506 Ft. Lauderdale, FL 33304	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent Intra State Agent 701 Brickell Avenue, #3000 Miami, FL 33131		10. Name and Address of New Registered Agent	
81. Name George R. Moraitis		82. Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Dr., #506	
83. City		84. City	
85. State		86. Zip Code	
87. Zip Code		88. State	
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished in this report is true and correct and 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE President/Director		1.1 TITLE	
2. NAME Carlo Brambilla		1.2 NAME	
3. STREET ADDRESS Via Piranvella 161		1.3 STREET ADDRESS	
4. CITY-ST-ZIP 20099 Sesto San Giovanni, Italy		1.4 CITY-ST-ZIP	
5. TITLE Vice President/Treasurer		2.1 TITLE	
6. NAME Evelyn Branham		2.2 NAME	
7. STREET ADDRESS 2260 Discovery Circle West		2.3 STREET ADDRESS	
8. CITY-ST-ZIP Deerfield Beach, FL 33442		2.4 CITY-ST-ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. 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)(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: <i>[Signature]</i>		4-23-98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-725-0613	

CR2E034 (10/97)