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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R
915 MIDDLE RIVER DR., #506
FT. LAUDERDALE FL 33304

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 person designated to apply for

(Print) Registered Agent's name, address, and telephone

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

[] DELETE

NAME

BRAMBILLA, CARLO

STREET ADDRESS

VIA PIRANVELLO 161

CITY-STATE-ZIP

SESTO SAN GIOVANNI, ITALY 20099

TITLE

VT

[] DELETE

NAME

BRANHAM, EVELYN

STREET ADDRESS

2260 DISCOVERY CIRCLE WEST

CITY-STATE-ZIP

DEERFIELD BEACH FL 33442

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

20099 Sesto San Giovanni, Italy

[] Change [] Addition

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****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 954-725-0613

Date

Signature Phone #

0282251

CR2E034 (11/98)