

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055814 (2)

1. Corporation Name
SBS SERVICES, INC.

Principal Place of Business

Mailing Address

~~80 S.W. 8TH STREET~~
~~SUITE 2014~~
~~MIAMI FL 33130~~

~~80 S.W. 8TH STREET~~
~~SUITE 2014~~
~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1997

2. Principal Place of Business
21 1326 S.E. 3RD Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 1326 S.E. 3RD Ave
Suite, Apt. #, etc.

4. FEI Number
65-0763725
Applied For
Not Applicable

22 City & State
23 Ft. LAUD., FL

27 City & State
28 Ft. LAUD., FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33316 25 Country USA

29 Zip 33316 30 Country USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COOTABEL AFFILIO M~~
~~80 S.W. 8TH STREET~~
~~SUITE 2014~~
~~MIAMI FL 33130~~

81 Name JOSEPH P. Mullen
82 Street Address (P.O. Box Number is Not Acceptable)
2929 E. COMMERCIAL Blvd
83 Suite PH-C
84 City Fort Lauderdale FL 85 Zip Code 33308

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 607.1505, Florida Statutes.

SIGNATURE

Joseph P. Mullen

3/11/98

Signature typed or printed name of registered agent and if title is 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSANI, ALBERTO	1.2 NAME	
STREET ADDRESS	VIO SAN PIETRO INCARNAIO 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERONA ITALY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESTINI, MASSIMO	2.2 NAME	
STREET ADDRESS	VIA BROSETA 79	2.3 STREET ADDRESS	
CITY-ST-ZIP	BERGAMO ITALY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGALLA, FRANCO	3.2 NAME	
STREET ADDRESS	VIA MARCELLIANA 38/L	3.3 STREET ADDRESS	
CITY-ST-ZIP	POLVERIGI ANCONA ITALY	3.4 CITY-ST-ZIP	
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 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: Alberto Bersani / ALBERTO BERSANI 03/03/98

CP2E034 (10/97)