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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700056805

1. Corporation Name

FILIPPINI U.S.A. GENERATORS CORPORATION

		_			
Principal Place of Business .		Mailing Address			1 10011004 III 30(1) (001) 60(I)
4733 NW 72ND AVE MIAMI FL 30166 US		4733 NW 72ND AVE MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE
		_			3. Date ir corporated or Qualifed 06/27/1997
2. Principa Place of Business 2a. Mailing Address 21				4. FEI Number App ied For 65-0796785 Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired
	City & Sate City & State 28		<u> </u>		6. Election Campaign Financing Solution \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip Country 29 30		•	8. This corporation owes the current year I stangible Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere I Agent
I/I ID TO A L COO			81	Name	
KURZBAN, IRA J ESQ. 2650 SW 27TH AVE.			82	Street A	Ad Iress (P.O. Box Number is Not Acceptable)
SECOND FLOOR			83		
MIAMI FL 33133			84	City	FL 85 Zip Cc de
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 or 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. SIGNATUR 3					
Signature, typed or printed name of registered age		<u></u>		t signature re	equi ed when reinstating) DATE
12.	r	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 Change Addition
TITLE	P MOTOD	□ DECETE	1.1 TITLE 1.2 NAME	-	
NAME LAGARES, VICTOR STREET ADDRES 4733 NW 72ND AVE			1.3 STREET ADDRESS		
STREET ADDRESS 4733 NW 72ND AVE CITY-ST-ZIP MIAMI FL 33166			1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FILIPPINI, MARIO		2.2 NAME		
STREET ADDRESS 4733 NW 72ND AVE			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	GM	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAGARES, SOCRATES		3.2 NAME		
STREET ADDRESS			3.3 STREET	- 1	
CITY-ST-ZIP	MIAMI FL 33166	☐ DELETE	3.4. CITY-ST-ZIF 4.1 TITLE		☐ Change ☐ Addition
NAME			4.1 NAME		
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	1		44 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRES 3			5.3 STREET	l l	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		□ DELETE	6.1 TITLE	1	Change Change

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 ce tify that the information indicated on this annual report or supplemental annual report is true and accu ate 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 807, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES

CITY-ST-ZIP

ICTOR LAGARES