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

PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # **P97000073345**1. Corporation Name

SAN REMO USA, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90035 035 ***150.00



	e of Business	Mailing Address							
215 NORTH FE	DERAL HIGHWAY	215 NORTH FEDERAL HIG	SHWAY			1			
HALLANDALE FL 33009 HALLANDALE FL 33009						DO MOT MIDIT	- IN TUIO (CDACE	
						DO NOT WRITI	E IN THIS	SPACE	<u> </u>
						3. Date Incorporated or Qualifed			Ļ
						08/20/1997			F- 45
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		_ 	oplied For
21		26				65-0783134			ot Applicable
- Suite, Apt.	#, etc	Suite, Apt.:#, etc				5. Certifcate of Status Desired			Additional equired
22		27	t the state of the						
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23	·	28				Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		8. This corporation owes the curre	nt year Inta		
24	25	29	30			Personal Property Tax.		☐Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent		04		10. Name and Address of New Re	egisterea A	Agent	
ADA	VINCENTO			81	Name	ţ			
	, VINCENZO		82 Street Add			ress (P.O. Box Number is Not Acceptable)			
	NORTH FEDERAL HIGHWAY								
HAL	LANDALE FL 33009			83			1		İ
	•			84	City			85 Zip	Code
		•		04	City		FL	103 2.15	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the	above	e-named corpor	ration submits this statement for the p	urpose of	changing its	registered
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	nf Florida. Such change was	authonze	ed by	the corporation	i's board of directors. I hereby accept	the appoir	itment as re	egistered
agent. i a	im familiar with, and accept the obligati	ions of, Section 607.0505, F	iviida Siz	alules	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registers	ed Agen	t signature required v	when reinstating)	DATE		
12.	, OFFICERS ANI		13			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1	TITLE				☐ Change	☐ Addition
NAME	APA, VINCENZO		1.2	NAME			•		
					ADDRESS				i
CTDEET ANNUECO	215 NORTH FEDERAL HIGHWA	Y							
STREET ADDRESS		Y	144	CITY. S	T. 7ID				i
CITY-ST-ZIP	215 NORTH FEDERAL HIGHWA HALLANDALE FL 33009			CITY-S	T-ZIP			Change	☐ Addition
CITY-ST-ZIP TITLE	1	Y DELETE	2.1	TITLE	T-ZIP			Change	☐ Addition
CITY-ST-ZIP TITLE NAME	HALLANDALE FL 33009		2.1	TITLE NAME				Change	Addition
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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.