

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

FILED
Feb 17 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 # P97000085255 (2)

1. Corporation Name
PROPIFAN U.S.A. CORP.

Principal Place of Business

7922 N.W. 67TH STREET
MIAMI FL 33166

Mailing Address

7922 N.W. 67TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

65-0795159

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 9635 N.W. 80th. AVE.

Suite, Apt. #, etc.

22 City & State
23 HIALEAH GARDENS, FLORIDA

24 33016

25 U.S.A.

2a. Mailing Address

26 9635 N.W. 80th. AVE.

Suite, Apt. #, etc.

27 City & State
28 HIALEAH GARDENS, FLORIDA

29 33016

30 U.S.A.

9. Name and Address of Current Registered Agent

LOPEZ, JUAN P
7922 N.W. 67TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
RICARDO A. GASPARINI

82 Street Address (P.O. Box Number is Not Acceptable)
9827 COSTA DEL SOL BLVD.

83

84 City
MIAMI

FL 85 Zip Code
33178

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]
Signature (Type or print name of officer or director if not possible)

(NOTE: Registered Agent signature required when reinstating)

1/14/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, JUAN P	
STREET ADDRESS	7922 N.W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ricardo A. Gasparini	
1.3 STREET ADDRESS	9827 Costa del Sol Blvd.	
1.4 CITY-ST-ZIP	Miami, Florida. 33178	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eduardo Gonzalez	
2.3 STREET ADDRESS	9635 N.W. 80th. Ave.	
2.4 CITY-ST-ZIP	Hialeah Gardens, Florida. 33016	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GianCarlo Bianchi	
3.3 STREET ADDRESS	9635 N.W. 80th. Ave.	
3.4 CITY-ST-ZIP	Hialeah Gardens, Florida. 33016	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roberto Ammirata	
4.3 STREET ADDRESS	9635 N.W. 80th. Ave.	
4.4 CITY-ST-ZIP	Hialeah Gardens, Florida. 33016	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 power 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 the attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo A. Gasparini - Pres.

01/14/98

(305) 903-7424
Daytime Phone # 0231216

CR2E034 (10/97)