

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

PROFIT
CORPORATION
ANNUAL REPORT

1999-2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90438 010 ***150.00

DOCUMENT # P97000092195

1 Corporation Name
VIA CASTELLI CORP.

Mailing Address

6753 S.W. 88 STREET
#B 209
MIAMI FL 33156-1749

192
NO

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0790201

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

Principal Place of Business

7370 N.W. 36th Street

2a. Mailing Address

19221 N.E. 10 Ave

Suite, Apt., #, etc.

105 E

Suite, Apt., #, etc.

120

City & State

MIAMI FL

City & State

NORTH MIAMI BEACH FL

Zip

33166

Country

USA

Zip

33179

Country

USA

9. Name and Address of Current Registered Agent

VALENTIN, PEDRO J

13100 S.W. 92 AVENUE #C-404

MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FRANCHESCHINI, LETICIA C		1.2 NAME	
6753 S.W. 88 STREET #B 209		1.3 STREET ADDRESS	
MIAMI FL 33156-1749		1.4 CITY-ST-ZIP	
VP	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROSSETO, HELOISA M		2.2 NAME	
6753 S.W. 88 STREET #B 209		2.3 STREET ADDRESS	
MIAMI FL 33156-1749		2.4 CITY-ST-ZIP	
	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-30-00

Date

305 6519564

Daytime Phone #