

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

FILED

**May 06 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 # P97000106149
1. Corporation Name
FA.S.A., INCORPORATED

Principal Place of Business: ~~5862 SUNSET DRIVE #8 MIAMI, FL 33143~~
Mailing Address: ~~5862 SUNSET DRIVE #8 MIAMI, FL 33143~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9477 S.DIXIE HWY #44
Suite, Apt #, etc. 22 #44
City & State 23 MIAMI, FL 33156
Zip 24 Country 25
2a. Mailing Address
26 5852 SUNSET DRIVE #8
Suite, Apt # etc. 27 #8
City & State 28 MIAMI, FL 33143
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/17/97
4. FEI Number: 65-0802059 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

9. Name and Address of Current Registered Agent
~~MARIZIO FARANELLI
5862 SUNSET DRIVE #8
MIAMI, FL 33143~~

10. Name and Address of New Registered Agent
81 Name: MAURIZIO FARANELLI
82 Street Address (P.O. Box Number is Not Acceptable): 5852 SUNSET DRIVE #8
83
84 City: MIAMI FL 85 Zip Code: 33143

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: Maurizio Faranelli DATE: 2/12/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAURIZIO FARANELLI	
STREET ADDRESS	5880 SW 74 TERR.#5	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUSTIN SANCHEZ	
STREET ADDRESS	8656 NW 2 CT.	
CITY-ST-ZIP	MIAMI, FL 33123	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 supplementary 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: Maurizio Faranelli, Dir. DATE: 2/12/98 (305) 669-9448

CR2E034 (10/97)