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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90066 005 \*\*\*150.00

DOCUMENT # P98000031356				
1. Corporation Name I PIEMONTES! CORPORATION				
	VIEGO GOILL GILLION			
Principal Place	of Business	Mailing Address		) (OPINODI (10 18:8) (ONL) DOIN DOIN BOUN ENCOUNING HEAD (HOU DING BULL LOSI)
505 NORTH FLA	GLER STREET	505 NORTH FLAGLER STREET	٢	
SUITE 1600 SUITE 1600 W PALM BEACH FL 33401 W PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE	
W PALM BEAUN	FL 33401	W PALM DEACH PL 30401		3. Date Incorporated or Qualifed
				04/06/1998
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 515 N	North Flagler Drive	26 515 North Fla	gler Drive	
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
1221	e 1600	City & State		
City & State	Palm Beach, FL	28 West Palm Bea	ch. FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
3340		29 33401 3	USA	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
TADI	IN NORMAN E ESO		81 Name NOTT	man E. Taplin, Esc.
Taplin, norman e esq. 505 north flagler street			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 1600			83	North Flagler Drive
W PALM BEACH FL 33401			Sui	te 1600
			84 City	t Palm Beach FL 85 Zip Code 33401
44 Diverget to the provisions of Sections 607 0502 and 607 1508 Elevide Statutes the above-named con-			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, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition
TITLE	D BADDIEDI LUICI	☐ DELETE	1.1 TITLE	
NAME	BARBIERI, LUIGI 2173 N.E. 61ST COURT		1.2 NAME 1.3 STREET ADDRESS	Luigi Barbieri
STREET ADDRESS	FT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	1340 N. Federal Highway  Pompano Beach, FL 33062
CITY-ST-ZIP	D	☐ DELETÉ	2.1 TITLE	Change Addition
NAME	BARBIERI-ZUCCARELLI , MIRELL		2.2 NAME	Mirella Barbieri-Zuccarelli
STREET ADDRESS	2173 N.E. 61ST COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		2. 4 CITY-ST-ZIP	Downson Roach FT 133062
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	8
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE		L. DELETE	4.1 111LE 4. 2 NAME	
NAME STREET ADDRESS			4.3 STREET ADORESS	S
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coheren C Addition
TITLE		☐ DELETE	6.1 TITLE	. Change Addition
NAME			6.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	·
CITY-ST-ZIP			0.4 OR 1-31-ZIF	

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.

SIGNATURE:

(954) 786-0004