**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000057208

1. Corporation Name

**FURO-AMERICA CORPORATION** 

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90116 005 \*\*\*150.00

| Principal Place   | e of Business  | Mailing Addres  | s  |  |   |                            | -                                    | 881 1 89 11 88 11 <b>4</b> 9 1 | )                                      |                                     |
|---|--|---|--|--|---|----------------------------|--------------------------------------|--------------------------------|--|-------------------------------------|
| % GIORGIO CA  | APUZZO   | % GIORGIO CAI   | PUZZO  |  |   |                            |                                      |                                |  |                                     |
| 1470 NORTHEAST 123RD STREET SUITE 707 1470 NORTHEAST 123RD ST<br>N MIAMI BEACH FL 33161 N MIAMI BEACH FL 33161  |  |   | TREET SUITE 707  |  |   | DO NOT WRITE IN THIS SPACE |                                      |                                |  |                                     |
|   |  |   |  |  |   |                            | 3. Date Incorporated or Q 06/26/1998 | ualifed                        |  |                                     |
| 2 Principal Pl  | lace of Business   | 2a. Mailing Add   | iress  |  |   |                            | 4. FEI Number                        | 1815                           | An                                     | plied For                           |
| 21  |  | 26  |  |  |   |                            | 65-084                               | 87a3                           | <del></del>                            | t Applicable                        |
| Suite, Apt.   | #, etc.  | Suite, Apt. #   | #, etc.  |  | . "   |                            |                                      | _                              | \$8.75 /                               |                                     |
| 22  |  | 27  |  |  |   |                            | 5. Certificate of Status Des         | sired                          |  | quired                              |
| City & State  | e  | City & State  | 9  |  | ,   |                            | 6. Election Campaign Fina            | ancing _                       | \$5.00                                 | May Be                              |
| 23  |  | 28  |  |  |   |                            | Trust Fund Contribution              |                                | Added t                                |                                     |
| Zip   | Country  | Zip   |  | Country  | <del>,                                    </del>  |                            | 8. This corporation owes t           | he current year Ir             | ntangible                              |                                     |
| 24  | 25   | 29  | 30   | 0  |   |                            | Personal Property Tax.               |                                | Yes                                    | □No                                 |
|   | 9. Name and Address of Curre   | ent Registered Agent  |  |  |   |                            | 10. Name and Address of              | New Registered                 | Agent                                  |                                     |
|   | **************************************   |   |  | 81   | Name  | )                          |                                      |                                |  | 1                                   |
|   | RILAWYER   |   |  | 82   | Stree   | t Addres                   | ss (P.O. Box Number is Not           | Acceptable)                    |  |                                     |
|   | ALMERIA AVENUE   |   |  |  |   |                            |                                      |                                |  |                                     |
| COR   | RAL GABLES FL 33134  |   |  | 83   |   |                            |                                      |                                |  |                                     |
|   |  |   |  | 84   | City  |                            |                                      | FI                             | 85 Zip (                               | Code                                |
|   |  |   |  |  |   |                            |                                      |                                |  |                                     |
|   |  |   |  |  |   |                            | ranon sunmits inte statement         | for the purpose c              | n changing its                         | registered                          |
| 11. Pursuant  | to the provisions of Sections 607.05   | e of Florida. Such chai   | nda Statutes,<br>nge was auth  | orized by  | e-name  | poration                   | 's board of directors. I hereb       | y accept the appo              | ointment as re                         | gistered                            |
| office or re  | registered agent, or both, in the State<br>rn familiar with, and accept the oblig-   | e of Florida. Such cha  | nge was auth   | iorized by   | the con   | poration                   | 's board of directors. I hereb       | y accept the appo              | ointment as re                         | gistered                            |
| office or re<br>agent. I as<br>SIGNATURE  | egistered agent, or both, in the State<br>rn familiar with, and accept the oblig   | e of Florida. Such char<br>ations of, Section 607   | nge was auth<br>'.0505, Florida  | orized by<br>a Statutes  | the corp<br>s.  | poration                   | 's board of directors. I hereb       | y accept the appo              | ointment as re                         | gistered                            |
| office or re<br>agent. I an   | egistered agent, or both, in the State<br>rn familiar with, and accept the oblig.  Signature, typed or printed name of registered age  | e of Florida. Such char<br>ations of, Section 607<br>ent and title if applicable.   | nge was auth<br>'.0505, Florida  | orized by<br>a Statutes<br>ogistered Ager  | the corp<br>s.  | poration                   | when reinstating)                    | y accept the appo              | Dintment as re                         | gistered                            |
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| office or reagent. I as SIGNATURE  12.  | egistered agent, or both, in the State m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS AI  PSTD                                       | e of Florida. Such char<br>ations of, Section 607<br>ent and title if applicable.<br>ND DIRECTORS                         | nge was auth<br>'.0505, Florida  | a Statutes  egistered Ager  13.  1.1 TITLE   | the corp<br>s.  | poration                   | when reinstating)                    | y accept the appo              | Dintment as re                         | gistered                            |
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| office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS  | egistered agent, or both, in the State m familiar with, and accept the oblig-  Signature, typed or printed name of registered agents of PSTD  MONTELLA, GIORGIO  9153 SOUTHWEST 72ND AVE | ent Florida. Such chai<br>lations of, Section 607<br>ent and title if applicable.  ND DIRECTORS                           | OSOS, Florida<br>(NOTE: Re   | norized by a Statutes a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE  | the corps.  | required w                 | when reinstating)                    | y accept the appo              | ND DIRECTO                             | RS IN 12                            |
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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 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. CITY-ST-ZIP

SIGNATURE:

1-8-1999 - 305-477-33 17
Date Davime Phone 8