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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000072897

1. Corporation Name
GEGA, INC.

Principal Place of Business

200 S. BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

65-0868013

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MOLLE, ALDO D
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE
NAME FIAMBERTI, EUGENIO M
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME DALLE MOLLE, ALDO
1.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 4815
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE VP/T/D ☐ Change ☒ Addition
2.2 NAME FIAMBERTI, EUGENIO M
2.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 4815
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME ZERBONE, ALESSANDRO
3.3 STREET ADDRESS 330 Greco Avenue
3.4 CITY-ST-ZIP Coral Gables, Florida

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

ALESSANDRO ZERBONE

Date

Daytime Phone #

(305) 373-7016

CR2E034 (11/98)