

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90039 050 ***150.00

37293F-90046-327*

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

: IPERBLOCK INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/21/98

4. FEI Number

63-0859107

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4521 Summer Cove Dr E

Suite, Apt. #, etc.

22 517

City & State

23 Sarasota FL

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 P.O. Box 21248

Suite, Apt. #, etc.

27

City & State

28 Bradenton FL

Zip

29 34204-4248

Country

30 USA

9. Name and Address of Current Registered Agent

JOHN SCHWARTZ
 6302 MANATEE AVE WEST
 BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name JARA THERIAE
 82 Street Address (P.O. Box Number is Not Acceptable)
 4521 Summer Cove Dr E #517
 83
 84 City SARASOTA FL 85 Zip Code 34243

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 of 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

04-20-99

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
 NAME LINO GOTTAMI
 STREET ADDRESS VIA SAN CARLINO 39
 CITY-ST-ZIP GENZANO DI ROMA 00045 ITALY

TITLE VICE PRESIDENT ☐ DELETE
 NAME ULDO RICO CECCARELLI
 STREET ADDRESS VIA SAN CARLINO 39
 CITY-ST-ZIP GENZANO DI ROMA 00045 ITALY

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

LINO GOTTAMI

3/11/99

911-359-6897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)