

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90054 034 ***150.00

DOCUMENT # P98000095254

1. Corporation Name

**INTERNATIONAL INVESTMENTS AND PROJECTS DEVELOPME
NT, INC.**

Principal Place of Business

9153 SOUTHWEST 72 AVENUE, SUITE T8
MIAMI FL 33156

Mailing Address

9153 SOUTHWEST 72 AVENUE, SUITE T8
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

65-0874613

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

2. Principal Place of Business

21 5600 Poinsettia Avenue

2a. Mailing Address

26 5600 Poinsettia Avenue

Suite, Apt. #, etc.

22 Suite 2210

Suite, Apt. #, etc.

27 Suite 2210

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33407

Country

25 U.S.A.

Zip

29 33407

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MANGIAMELI, DANIELE

9153 SOUTHWEST 72 AVENUE, SUITE T8
MIAMI FL 33156

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 **P** ☐ DELETE

NAME **DE ANGELIS, PAOLO**

STREET ADDRESS **9153 SOUTHWEST 72 AVENUE, SUITE T8**

CITY-ST-ZIP **MIAMI FL 33156**

TITLE **S** ☐ DELETE

NAME **PICA, MARCO**

STREET ADDRESS **9153 SOUTHWEST 72 AVENUE, SUITE T8**

CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T** ☐ DELETE

NAME **GIUSTO, MASSIMILIANO**

STREET ADDRESS **9153 SOUTHWEST 72 AVENUE, SUITE T8**

CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE

NAME **PICA, ALESSANDRO**

STREET ADDRESS **9153 SOUTHWEST 72 AVENUE, SUITE T8**

CITY-ST-ZIP **MIAMI FL 33156**

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 **Vice President** ☐ Change ☒ Addition

1.2 NAME **Colasanti-Emiliani, Stefano**

1.3 STREET ADDRESS **5600 Poinsettia Ave Ste 2210**

1.4 CITY-ST-ZIP **West Palm Beach, FL, 33407**

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:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/99

Date

(561) 882.9247

Daytime Phone #

0273145

CR2E034 (11/98)