

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087429

1. Entity Name

EMME & EFFE, INC.

amended

FILED 05-24-2000 90188 020 *****61.25
 SECRETARY OF STATE P99000087429
 DIVISION OF CORPORATIONS

00 JUN 27 PM 1:49

Principal Place of Business: 235 MICHIGAN AVE. SUITE 505 MIAMI BEACH, FL 33139
 Mailing Address: 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI, FL 33131

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 235 MICHIGAN AVE.

City & State: MIAMI BEACH, FL

4. FEI Number: 65-0963049
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: PIERO SALUSSOLIA 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI, FL 33131

7. Name and Address of New Registered Agent: EUGENIO VERZILI 235 MICHIGAN AVE SUITE 505 MIAMI BEACH FL 33139

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* EUGENIO VERZILI DATE: 05/05/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D/VP	NAME: FILA, MARCO	STREET ADDRESS: 235 MICHIGAN AVE SUITE 505	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE: D/P	NAME: APRILE, FRANCO	STREET ADDRESS: 235 MICHIGAN AVE SUITE 505	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE: T/S	NAME: ZERBONE, ALESSANDRO	STREET ADDRESS: 4343 WEST FLAGLER STREET SUITE 505	CITY-STATE-ZIP: MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-STATE-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-STATE-ZIP: [Blank]	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/T/D	NAME: APRILE, FRANCO	STREET ADDRESS: 235 MICHIGAN AVE SUITE 505	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP/S	NAME: FILA, MARCO	STREET ADDRESS: 235 MICHIGAN AVE SUITE 505	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: VERZILI, EUGENIO	STREET ADDRESS: 235 MICHIGAN AVE SUITE 505	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-STATE-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-STATE-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I, the undersigned, certify that the information supplied was true and correct at the time of filing 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 that I am a shareholder or owner of the corporation, and that my name appears in Block 11 or Block 12 of this report in conformity with all applicable laws.

SIGNATURE: *[Signature]* FRANCO APRILE DATE: 05/05/00 (305) 373-7016

CR2E034 (9/99)

6/06