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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:54

DOCUMENT # **S05559** **(7)**

1. Corporation Name
COGEFAR-IMPRESIT U.S.A., INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE. SUITE 800 MIAMI FL 33131-3127	1110 BRICKELL AVE. SUITE 800 MIAMI FL 33131-3127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/12/1990**
3a. Date of Last Report: **10/03/1994**

2. Principal Place of Business	2a. Mailing Address
21 9300 NW 25th Street	26 9300 NW 25th Street
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Miami, Florida	City & State 28 Miami, FL
Zip 24 33172 Country 25	Zip 29 33172 Country 30

4. FEI Number: **59-3033785** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S.PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P C	☒ Change ☒ Addition
NAME	MONTANARI, AUGUSTO	12 NAME	PINO LUCANO	
STREET ADDRESS	1110 BRICKELL AVE., #800	13 STREET ADDRESS	9600 W. 47th Street	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	McCook, IL 60525	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	DI FABIO, CORRADO	22 NAME	AUGUSTO MONTANARI	
STREET ADDRESS	1110 BRICKELL AVE., #800	23 STREET ADDRESS	9300 NW 25th Street	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, Fl 33172	
TITLE	T	31 TITLE	T	☒ Change ☒ Addition
NAME	GUBITOSI, LUIGI	32 NAME	SILVIO OLIVA	
STREET ADDRESS	375 PARK AVE., STE #2703	33 STREET ADDRESS	9600 W. 47th Street	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	McCook, IL 60525	
TITLE	S	41 TITLE	S	☒ Change ☒ Addition
NAME	HRDLICKA, RICHARD	42 NAME	CLIFFORD FOX	
STREET ADDRESS	375 PARK AVE., STE #2703	43 STREET ADDRESS	9600 W. 47th Street	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	McCook, IL 60525	
TITLE	AS	51 TITLE	D	☒ Change ☒ Addition
NAME	BROCK, JOHN	52 NAME	FRANCO VISCHI	
STREET ADDRESS	375 PARK AVE., STE #2703	53 STREET ADDRESS	Viale Marelli, 367/20099 Sesto S. Giovanni	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	Milano, Italy	
TITLE	ASV	61 TITLE	D	☐ Change ☑ Addition
NAME	GIURLANI, GIOVACCHINO	62 NAME	LINO BARBAGLIA	
STREET ADDRESS	1110 BRICKELL AVE., #504	63 STREET ADDRESS	Viale Marelli, 367/20099 Sesto S. Giovanni	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	Milano, Italy	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Mar. 22, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Electronic Mailer #