FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT		.7	Secretary of State		Secretary of State		
1998 DIVISION OF CORPO				RATIONS SCOTCERT Y OT		OI St	.atC
	n namu	· (5))				
FITTIP	PALDI, U.S.A., INC.					d	
Principal Plac	e of Business	Mailing Address				OTOTA DIAME	IAN OLDN I¥OL
· ·		950 S MIAMI AVE	-				
MIAMI FL 3		MIAMI FL 33130			DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified	JOINEL	
T					12/28/1990		
–	lace of Business	2a. Mailing Address			4. FEI Number	⊢	oplied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			88-0203568		ot Applicable Additional
22	., 0.0	27			5. Certificate of Status Desired		equired
City & State	0	City & State		- 11	6. Election Campaign Financing	\$5.00	May Be
23		28		····	Trust Fund Contribution		to Fees
Zip	Country	<i>Ζ</i> ιρ	30	ntry	8. This corporation owes or has paid the o		tangible No
24	25 9. Name and Address	29 of Current Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registere.		7 140
Υ.	ANOWITCH, PETER J			81 Name			
800 BRICKELL AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 550					Alloso (1.0. Box (validos) io (10. Nocopiados)		
M	IAM) FL 33131			63			Ì
				84 City		85 Zip (Code
44 Purcuant	to the provisions of Sections	607 0502 and 607 1508 Florida S	talutae tha al	Your named co	F		te registered
office or r	egistered agent, or both, in	the State of Florida Such change v	vas authorize	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap-	opointment as	registered
	т алша win, апа ассерг	the obligations of Section 607.0505	o, monda olai	utes.			i
SIGNATURE	Signature, typed or printed name of re	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registere	Agent signature rec	quired when reinstating) DATE		
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE NAME	D FITTIPALDI, EMERSI	DELETE DELETE	1.1 TII 1.2 N/			∐ Change	Addition
STREET ADDRESS	950 S MIAMI AVE	ON		REET ADORESS			
CITY - ST - ZIP	MIAMI FL 33130-412	21		TY-ST-ZIP			<u> </u>
TITLE	VP	DELETE	2.1 Ti			Change	Addition
NAME	GOODSTADT, DANII		2.2 NA	WE			ĺ
STREET ADDRESS	850 S. MIAMI AVEN	UE	2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130	T DELETE		TY-ST-ZIP		100	Adaption
TITLE		DELETE				Change	Addition
NAME STREET ADDRESS			3.2 N/	i i			
CITY - ST - ZIP				REET ADDRESS TY-ST-ZIP			}
TITLE		DELETE				Change	Addition
NAME			4. 2 N	AME .			ľ
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP		The second		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1,200
TITLE		☐ DELETE				Change	☐ Addition
STREET ADDRESS			5.2 NA	ME REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 10			Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CII	Y-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 of on an attact tient with an address.

FILED

Apr 28 1998 8:00am