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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S27853 (8)

1. Corporation Name
PORTOFINO USA IMPORTS, INC.

Principal Place of Business	Mailing Address
9999 COLLINS AVENUE. 4E. BAL HARBOUR FL 33154 US	C/O HUGHES & SILVERS 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1991
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): % HUGHES SILVERS + GLASSMAN
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): 1140 KANE CONCOURSE - 5th FLR
City & State (23)
City & State (28): BAY HARBOR ISLANDS, FL
Zip (24) Country (25)
Zip (29): 33154 Country (30)

4. FEI Number: 65-0236189 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
C/O HUGHES & SILVERS
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): % HUGHES SILVERS + GLASSMAN
83: 1140 KANE CONCOURSE - 5th FLR.
84 City: BAY HARBOR ISLANDS FL 85 Zip Code: 33154

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	D	11 TITLE	☐ Change ☐ Addition
NAME	SACCHI, ENRICO	12 NAME	900001426203
STREET ADDRESS	9999 COLLINS AVENUE, # 4E	13 STREET ADDRESS	-03/10/95--01041--019
CITY-ST-ZIP	BAL HORBOUR FL	14 CITY-ST-ZIP	****208.75 ****208.75
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this report is true, voluntarily furnished and collected quickly for the purposes stated in Section 119.07(1)(a), 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 added to the report or on an attachment with an address.

SIGNATURE: X ENRICO SACCHI 2-18-95 305 864 7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0103020 CP