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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S73112** **(2)**

1. Corporation Name
PORTOFINO INVESTMENT CORP.

Principal Place of Business	Mailing Address
280 S.W. 8TH STREET MIAMI FL 33130	280 S.W. 8TH STREET MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1991
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 8801 Ponce de Leon Blvd	26 8801 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 Suite 850	Suite, Apt. #, etc. 27 Suite 850
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip / County 24 33134 25	Zip / County 29 33134 30

4. FEI Number: 65-0322353 — 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	10. Name and Address of New Registered Agent
MACHADO, MARCOS A. 280 S.W. 8TH STREET MIAMI FL 33130	61 Name: Machado, Marcos A. 62 Street Address (P.O. Box Number is not Acceptable): 8801 Ponce de Leon Blvd 63 Suite 850 64 City: Coral Gables FL 65 Zip Code: 33134

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 mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	FANGANIELLO, BERARDINO	12 NAME	Finganiello, Berardino
STREET ADDRESS	280 S.W. 8TH ST	13 STREET ADDRESS	8801 Ponce de Leon Blvd. #850
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Coral Gables, FL 33134
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	

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0127237 CP