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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S73140** (3)

1. Corporation Name

LELLO MIAMI CORP.

Principal Place of Business

**950 S. MIAMI AVENUE
SUITE 101
MIAMI FL 33130
US**

Mailing Address

**950 S. MIAMI AVE
SUITE 101
MIAMI FL 33130
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**HERCULES RICARDO DE VICENZE PROMENTA
950 S. MIAMI AVE.
MIAMI FL 33130**

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 607.1506, 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

Signature of typed or printed name of registered agent and his/her address

Signature of Registered Agent (typed or printed name and address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FERRADOR, SERGIO V	
STREET ADDRESS	950 S. MIAMI AVE.	
CITY- ST- ZIP	MIAMI FL 33130	
TITLE	VPD	☐ DELETE
NAME	LELLO NETO, LUIZ DE	
STREET ADDRESS	950 S. MIAMI AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	BAUZYS, ALGIRDAS	
STREET ADDRESS	950 S. MIAMI AVE.	
CITY- ST- ZIP	MIAMI FL 33130	
TITLE	SD	☐ DELETE
NAME	DE TOLEDO, JOSE R	
STREET ADDRESS	950 S. MIAMI AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	GILLETTE, EDWARD C III	
STREET ADDRESS	950 S. MIAMI AVE.	
CITY- ST- ZIP	MIAMI FL 33130	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 licensee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERCULES RICARDO DE VICENZE PIMENTA - APR/5/96 - (305) 3308448

DATE

PRINTING FIRM

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