

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83692** (1)

1. Corporation Name

FALCO U.S.A., INC.

Principal Place of Business

**4872 SW 92 AVE
MIAMI FL 33155
US**

Mailing Address

**4872 SW 72 AVE
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 4970 SW 72 AVE

2a. Mailing Address

26 4970 SW 72 AVE

Suite, Apt., etc.

22 # 105

Suite, Apt., etc.

27 # 105

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33155

Country

25 USA

Zip

29 33155

Country

30 USA

4. FEI Number

65-0292479

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

**GIBELLINI, FLORIANA DANIELA
828 VALENCIA AVE
CORAL GABLES FL 33138**

10. Name and Address of Now Registered Agent

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

Signature (Typed or printed name of registered agent and this if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBELLINI, UMBERTO
STREET ADDRESS	828 VALENCIA AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	GIBELLINI, FLORIANA D.
STREET ADDRESS	828 VALENCIA AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	AUDREY GIBELLINI	
1.3 STREET ADDRESS	4970 SW 72 AVE #105	
1.4 CITY - ST - ZIP	MIAMI, FL 33155	
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 110.07(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 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 employed, or on an attachment with an address.

SIGNATURE

F. Gibellini (FLORIANA GIBELLINI)

4-18-95 (305) 6627276