

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S91437** (1)

1. Corporation Name

AMORE MIO, INC.

Principal Place of Business

Mailing Address

**7220 NW 36TH STREET
SUITE 429
MIAMI FL 33166
US**

**7220 NW 36TH STREET
SUITE 429
MIAMI FL 33166
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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0293759

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

10. Name and Address of New Registered Agent

**RESTIVO, ALESSANDRO
7220 NW 36 STREET
SUITE 429
MIAMI FL 33166**

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 the corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PVS
RESTIVO, ALESSANDRO
7220 NW 36 STREET, STE 429
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
MASTOS, TED
P O BOX 5920 N/A
BACBOA ISLAND CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
BOLLER, DAVID
3408 CARNATION AVE
LOS ANGELES CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ST
RESTIVO, VICKI
6410 LEONARDO ST
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

17. STREET ADDRESS

18. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TOR

Alessandro Restivo
Alessandro Restivo

4/26/96

(305) 591-0770

Copy to Phone #

CR2E034 (12/95)