

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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # **V48198** (8)

1. Corporation Name

GOODDAY INC.

Principal Place of Business

**THE ALEXANDER, UNIT 701
5225 COLLINS AVE.
MIAMI BEACH FL 33140**

Mailing Address

**ZENITH MGMT CORP
360 GRECO AVE #207
CORAL GABLES FL 33146
US**



2. Principal Place of Business

2a. Mailing Address

21 **330 GRECO AVE**

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 # **104**

23 Zip

Country

28 **CORAL GABLES, FL**

29 Zip

Country

24 **33146** 25 **US**

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

02/16/1995

4. FEI Number

65-0393744

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

10. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD.
STE. 4815
MIAMI FL 33131**

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P
BONGIORNO, MIKE
VIA GIOVANNI DA PROCIDA
20149 MILANO, ITALY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**AS
ALESSANDRO, ZERBONE
360 GRECO AVE., STE. 207
CORAL GABLES FL 33146**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**D. AS
ALESSANDRO ZERBONE
330 GRECO AVE #104
CORAL GABLES, FL**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. ZERBONE

1/24/96 (305) 4613244

CR2E034 (12/95)