

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000004048 (4)**

1. Corporation Name  
**FIRST TIBER S.A., INC.**



Principal Place of Business: **P.O. BOX 016727 MIAMI FL 33101**  
Mailing Address: **P.O. BOX 016727 MIAMI FL 33101**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **11/06/1992**  
3a. Date of Last Report: **01/26/1995**  
4. FEIN Number: **52-1372671**  
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 is liable for intangible tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**QUINZIO, SPAGGIARI  
801 S. BAYSHORE DRIVE  
SUITE 370  
MIAMI FL 33131**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, 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 607.0601, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
12. OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DP</b> NAME: <b>BOLOGNI, DOMENICO</b> STREET ADDRESS: <b>CARRERA 4 CON CALLE 31 BARQUISIMETO, VENEZUELA VZ</b> CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	1. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DST</b> NAME: <b>BOLOGNI, LEA DE</b> STREET ADDRESS: <b>CARRERA 4 CON CALLE 31 BARQUISIMETO, VENEZUELA VZ</b> CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	2. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DV</b> NAME: <b>QUINZIO, SPAGGIARI</b> STREET ADDRESS: <b>801 S. BAYSHORE DR., STE. 370 MIAMI FL 33131</b> CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	3. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	4. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	5. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	6. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	7. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	8. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	9. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> DELETE	10. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 registered agent or that I am eligible to be elected to serve as a registered agent, 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  
**Domenico Spaggiari**

4-15-96 305-374-7840

CR2E034 (12/95)