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Secretary of State

03-09-1999 90107 041 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000004048

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		52-1372671		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent
QUINZIO, SPAGGIARI
801 BRICKELL BAY DR
TOWER IV, STE 370
MIAMI FL 33131

10. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNI, DOMENICO	1.2 NAME	Bologni, Lea
STREET ADDRESS	CARRERA 4 CON CALLE 31	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO, VENEZUELA VZ	1.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNI, LEA DE	2.2 NAME	
STREET ADDRESS	CARRERA 4 CON CALLE 31	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO, VENEZUELA VZ	2.4 CITY-ST-ZIP	
TITLE	DVM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINZIO, SPAGGIARI	3.2 NAME	
STREET ADDRESS	801 BRICKELL BAY DR, TOWER IV, STE 370	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNI, SABRINA	4.2 NAME	
STREET ADDRESS	801 BRICKELL BAY DR, TOWER IV, STE 370	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNI, DANIEL	5.2 NAME	
STREET ADDRESS	CARRERA 4 CON CALLE 31	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO VE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNI, PATRIZIA	6.2 NAME	
STREET ADDRESS	CARRERA 4 CON CALLE 31	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO VE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ Quinzio Spaggiari 3-1-99 305-374-7840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)