

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000010604

**Entity Name:** MIAMI SCIENTIFIC ITALIAN COMMUNITY, INC.

**FILED  
Sep 30, 2017  
Secretary of State  
CC8995800112**

**Current Principal Place of Business:**

C/O NEVIO BOCCANERA  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131

**Current Mailing Address:**

C/O NEVIO BOCCANERA  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131 US

**FEI Number: 47-2465061**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BOCCANERA, NEVIO  
C/O ITALY-AMERICA CHAMBER OF COMMERCE SE  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: NEVIO BOCCANERA**

**09/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DE FURIA, FABIO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            FORNONI , ALESSIA  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            GALEAZZI, MASSIMILIANO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            BERTI, LUCIANO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FABIO DE FURIA**

**PRESIDENT**

**09/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date