

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42510

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**0734060588CC**

**Entity Name:** ITALY-AMERICA CHAMBER OF COMMERCE SOUTHEAST, INC.

**Current Principal Place of Business:**

999 BRICKELL AVE.  
1002  
MIAMI, FL 33131

**Current Mailing Address:**

999 BRICKELL AVE.  
1002  
MIAMI, FL 33131 US

**FEI Number:** 65-0285429

**Certificate of Status Desired:** No

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

RAIA, JOSEPH  
999 BRICKELL AVE.  
1002  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARDANA, TOMMASO  
Address        999 BRICKELL AVE.  
                  1002  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            DI GIOVANNI, ANTONELLO  
Address        999 BRICKELL AVE.  
                  1002  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            LIVERANI, MATTIA  
Address        999 BRICKELL AVE.  
                  1002  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            RODRIGUEZ, FERNANDO  
Address        999 BRICKELL AVE.  
                  1002  
City-State-Zip: MIAMI FL 33131

Title            EVP  
Name            BONAVIDA, UMBERTO L  
Address        999 BRICKELL AVE.  
                  1002  
City-State-Zip: MIAMI FL 33131

Title            ED  
Name            BOCCANERA, NEVIO  
Address        999 BRICKELL AVE.  
                  1002  
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:** NEVIO BOCCANERA

**EXECUTIVE DIRECTOR**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date