

Ditta

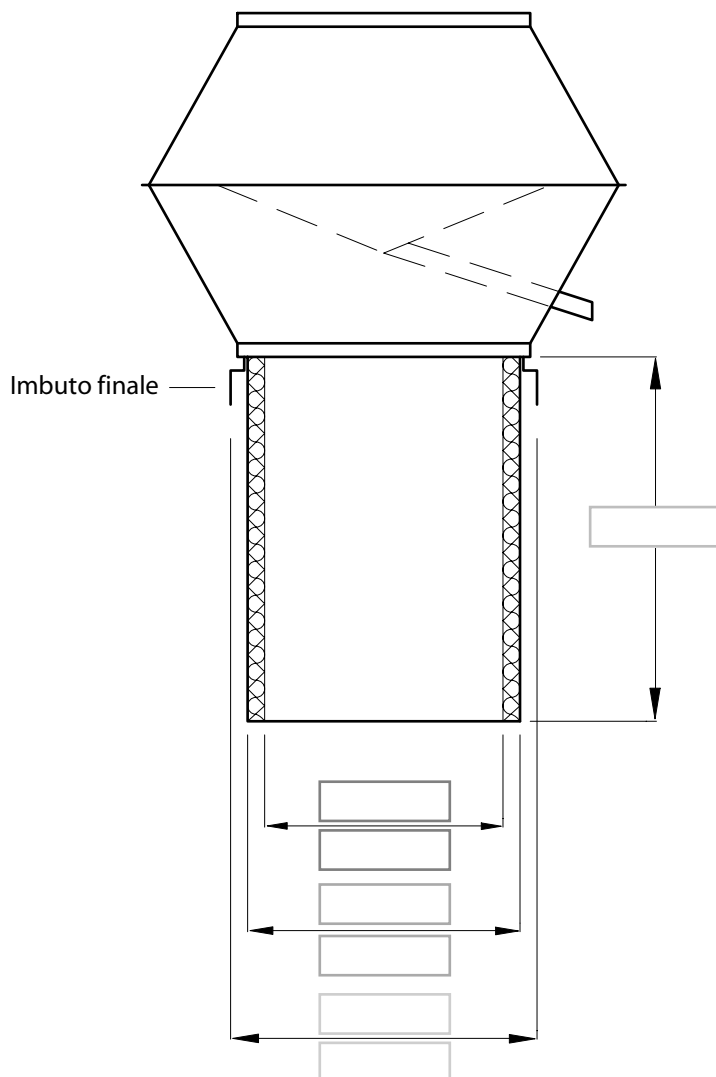
TeI / fax

Ordinazione Richiesta

Comm.

Pos.

Termine



Doppia parete

Telaio MM

Materiale

P. Z.

Nota

