

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 464640 (2)**

1. Corporation Name  
**ENTOL INTERNATIONAL, INC**



Principal Place of Business <b>8180 N.W. 36TH AVENUE                  MIAMI FL 33147</b>	Mailing Address <b>8180 N.W. 36TH AVENUE                  MIAMI FL 33147</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<b>21</b>		<b>26</b>	<b>9990 S.W. 77th Avenue</b>	<b>11/05/1974</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>22</b>		<b>27</b>		<b>NOT APPLICABLE</b>	
City & State		City & State		Applied For	
<b>23</b>		<b>Miami, Florida</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24</b>		<b>29</b>	<b>33156</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
			<b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>Miami-Dade</b>		

9. Name and Address of Current Registered Agent

**GELD, MONROE**  
~~3400 SW THIRD AVE~~  
~~MIAMI FL~~

10. Name and Address of New Registered Agent

**81** Name **John A. Margolis**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**Suite 330**

**83** **9990 S.W. 77th Avenue**

**84** City **MIAMI** **FL** **85** Zip Code **33156**

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 *John A. Margolis* (NOTE: Registered Agent signature required when reinstating) DATE **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<del>16</del> <b>SCHUMACHER, BERNARD</b>
STREET ADDRESS	<del>8180 N.W. 36TH AVENUE</del>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<del>17</del> <b>SCHUMACHER, SANDRA</b>
STREET ADDRESS	<del>8180 N.W. 36TH AVENUE</del>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Director</b>
1.3 STREET ADDRESS	<b>Bernard Schumacher</b>
1.4 CITY-ST-ZIP	<b>8180 N.W. 36th Avenue</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President/Treas/Director</b>
2.3 STREET ADDRESS	<b>Sandra Schumacher</b>
2.4 CITY-ST-ZIP	<b>8180 N.W. 36th Avenue</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vice President/Sec/Director</b>
3.3 STREET ADDRESS	<b>Michael Schumacher</b>
3.4 CITY-ST-ZIP	<b>8180 N.W. 36th Avenue</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002532995</b>
6.3 STREET ADDRESS	<b>-05/22/98--01024--049</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

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.

SIGNATURE: *Sandra Schumacher* 4-17-98 305/696-1900

CP2E034 (10/97)