


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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002036 (0)
1. Corporation Name
CUSTIMA INTERNATIONAL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1605 MAIN STREET, STE 604 SARASOTA FL 34236-5865 US	Mailing Address 1605 MAIN STREET, STE 604 SARASOTA FL 34236-5865 US
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2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc. STE 705	26 Suite, Apt. #, etc. STE 705
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 04/26/1995	Applied For
4 FEI Number 59-3324660	Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CAPAL, BARRY	
STREET ADDRESS	CUSTIMA HOUSE BEAUFORT COURT	
CITY-ST-ZIP	ROCHESTER, KENT ENGLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITTAKER, MARTYN	
STREET ADDRESS	CUSTIMAHOUSE BEAUFORT COURT SIR THOMAS	
CITY-ST-ZIP	ROCHESTER, KENT ENGLAND	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, PATRICIA	
STREET ADDRESS	CUSTIMAHOUSE BEAUFORT COURT SIR THOMAS	
CITY-ST-ZIP	ROCHESTER, KENT ENGLAND	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATEL, KIRAN	
STREET ADDRESS	CUSTIMAHOUSE BEAUFORT COURT SIR THOMAS	
CITY-ST-ZIP	ROCHESTER KE	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	REDMOND, BARBARA A.	
STREET ADDRESS	406 SARASOTA QUAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1605 Main Street Suite 705
5.4 CITY-ST-ZIP	Sarasota FL 34236
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Barbara A Redmond* Vice President/Secretary of State

CR2E034 (10/97)