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

PROFIT CORPORATION ANNUAL REPORT 99 - 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 19 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96070

1. Corporation Name
Families of International Level, Inc.

Principal Place of Business — Mailing Address
P.O. Box 164839
Miami, Fl. 33116-4839

REINSTATEMENT 98 99 18 4/19/99

3. Date Incorporated or Qualified

2. Principal Place of Business
21 SAME
Suite, Apt #, etc
22
City & State
23
Zip — Country
24 — 25

2a. Mailing Address
26 SAME
Suite, Apt #, etc
27
City & State
28
Zip — Country
29 — 30

4. FEI Number
59-2233220
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent
Alicia Hernandez
P.O. Box 164839
Miami, Fl. 33116-4839

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12400 S.W. 112th Avenue
83
84 City Miami — FL — 85 Zip Code 33176

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 X [signature] Alicia Hernandez - Vice President 4-16-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	Ruben Hernandez		12 NAME		
STREET ADDRESS	12400 S.W. 112th Ave.		13 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33176		14 CITY-ST-ZIP		
TITLE	Vice-President	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	Alicia Hernandez		22 NAME	100002855201--5	
STREET ADDRESS	12400 S.W. 112th Ave.		23 STREET ADDRESS	-04/28/99--01048--012	
CITY-ST-ZIP	Miami, Fl. 33176		24 CITY-ST-ZIP	****908.75 ****908.75	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 3/13/99 305-274-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #