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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000000164

1. Corporation Name SAVEL LTD. INC.

Principal Place of Business

3109 GRAND AVE. #194 MIAMI FL 33133

Mailing Address

3109 GRAND AVE. #194 MIAMI FL 33133

2. Principal Place of Business

21 4003 Ensenada Ave. Suite, Apt. #, etc.

22 City & State

23 Coconut Grove, FL. Zip Country

24 33133 25 USA

2a. Mailing Address

26 P.O. Box 7 Suite, Apt. #, etc.

27 City & State

28 Spotswood, N.J. Zip Country

29 08884 30 USA

9. Name and Address of Current Registered Agent

HALL, SALLY 3109 GRAND AVE. #194 MIAMI FL 33133

81 Name

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

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: If a Registered Agent is being replaced, include the name and title of the outgoing agent.)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows for officers and directors, including fields for Title, Name, Street Address, City, State, and Zip. Includes entries for PC HALL, SALLY and DST HALL, ANDREA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table for additions/changes to officers and directors. Includes entries for Hall, Sallie and Hall, Andrea. Includes handwritten notes and a stamp: 700002815377--3 -03/23/99--01090--001 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

732-251-0400

FILED 99 MAR 16 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 01/12/1998
4. FEI Number 13-3972517
5. Certificate of Status Desired
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
10. Name and Address of New Registered Agent

CR2E034 (11/98)