

FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004521 (9)
1. Corporation Name
EVITA-INTERNATIONAL FOUNDATION, INC.



Principal Place of Business		Mailing Address	
471 N.W. 82 AVE. UNIT 718 MIAMI FL 33126 US		471 N.W. 82 AVE. UNIT 718 MIAMI FL 33126 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
		29	30

3. Date Incorporated or Qualified
09/20/1995

4. FEI Number
65-0691372

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ECHAURI, FRANCIS R
471 N.W. 82 AVE.
UNIT 718
MIAMI FL 33126**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECHAURI, FRANCIS R	1.2 NAME	LO GIUDICE, ROBERTO C.
STREET ADDRESS	471 N.W. 82 AVE., UNIT 718	1.3 STREET ADDRESS	12525 N.W. 21 PLACE
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNOZ, JORGE R	2.2 NAME	PUJALS, Susana
STREET ADDRESS	471 N.W. 82 AVE., UNIT 718	2.3 STREET ADDRESS	2836 S.W. 24 Terrace
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, ALEXANDER	3.2 NAME	
STREET ADDRESS	15016 S.W. 80TH TER.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAUL	4.2 NAME	
STREET ADDRESS	1320 N.W. 3RD ST., APT. 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE: *Francis Echaury* **FRANCIS ECHAURI** 4/27/98 (305) 441-2952

CR2E037 (10/97)