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Apr 23 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 # N96000000826 (5)

1. Corporation Name
APHEC, INTERNATIONAL, INC.



Principal Place of Business P.O. BOX 640981 MIAMI FL 33164	Mailing Address P.O. BOX 640981 MIAMI FL 33164
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3. Date Incorporated or Qualified 02/15/1996
4. FEI Number 65-0645367
Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

PIERRE, ANNA L
280 NW 172 STREET *NE*
N. MIAMI BEACH FL 33162

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PIERRE, ANNA L	
STREET ADDRESS	280 NW 172 ST. <i>NE</i>	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MILHOMME, TANYA L	
STREET ADDRESS	280 NW 172 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMERTON, LILAVIOS	
STREET ADDRESS	280 NE 172 ST.	
CITY-ST-ZIP	N. MIAMI BEACH F	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEAN-MARET, JOSEPH	
STREET ADDRESS	280 NE 172 ST.	
CITY-ST-ZIP	N. MIAMI BEACH F	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EMMENEUL, TOUSSAINT	
STREET ADDRESS	280 NE 172 ST.	
CITY-ST-ZIP	N. MIAMI BEACH F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNA L. PIERRE	
1.3 STREET ADDRESS	280 NE 172 St - N Miami Beach	
1.4 CITY-ST-ZIP	FL	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIE LUBIN	
2.3 STREET ADDRESS	280 NE 172 St. N. Miami Beach FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAMMERTON Lilavios	
3.3 STREET ADDRESS	280 NE 172 St. N. Miami Beach FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUNA JOSE	
4.3 STREET ADDRESS	280 NE 172 St N. Miami Beach, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EMMANUEL TOUSSAINT	
5.3 STREET ADDRESS	280 NE 172 St - N. Miami Beach, FL	
5.4 CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Anna L. Pierre* 4/14/98 (305) 970-0150

CR2E037 (10/97)