

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

FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000020516

1. Corporation Name
CMS INTERNATIONAL ENTERPRISES, INC.



Principal Place of Business 2600 DOUGLAS ROAD 311 CORAL GABLES FL 33134 US	Mailing Address P O BOX 557243 MIAMI FL 3315 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2600 Douglas Road Suite, Apt. #, etc. 22 #400	2a. Mailing Address 26 P.O. Box 557243 Suite, Apt. #, etc. 27
23 CORAL GABLES, FL City & State 24 33134 25 USA Zip Country	28 MIAMI, FL City & State 29 33255-243 30 USA Zip Country

3. Date Incorporated or Qualified 03/18/1993	4. FEI Number 65-0394839	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	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SAMLUT, MARILYN
400 MARJORCA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name CARLOS SAMLUT
82 Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd., #400
83 CORAL GABLES, FL
84 City FL 85 Zip Code 33134

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]* DATE: **4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPST <input type="checkbox"/> DELETE	1.1 TITLE VPST	1.2 NAME SAMLUT, MARILYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAMLUT, MARILYN	1.3 STREET ADDRESS 2600 Douglas Rd. #400	1.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
STREET ADDRESS 400 MARJORCA AVE	2.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME SAMLUT, CARLOS	
CITY-ST-ZIP CORAL GABLES FL	2.3 STREET ADDRESS 2600 Douglas Road, #400	2.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	
NAME SAMLUT, MARILYN	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS 400 MAJORA AVENUE	4.1 TITLE	4.2 NAME	
CITY-ST-ZIP CORAL GABLES FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.2 NAME	
NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS	6.1 TITLE	6.2 NAME	
CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/29/99** DAYTIME PHONE # **305-250-2259**

CR2E034 (11/98)