

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10: 04

DOCUMENT # **P93000037175 (5)**

1. Corporation Name

PHOENIX ASSOCIATES INTERNATIONAL INC.

Principal Place of Business

7559 N.W. 70TH STREET
MIAMI FL 33166

Mailing Address

7559 N.W. 70TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 7559 NW 70th STREET

2a. Mailing Address

26 7559 NW 70th STREET

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI FL

28 City & State

MIAMI FL

24 Zip

33166

25 Country

USA

29 Zip

33166

30 Country

USA

4. FEI Number

65-0420706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FIORE, FRANK A. N
8525 N.W. 53RD TERRACE
SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83 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 of Registered Agent required when changing)

(Signature of Agent required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	FIORE, FRANK A	8525 N.W. 53RD TERRACE, #100	MIAMI FL 33166
D	FIORE, CAESAR F	1600 N. OAK ST., APT. 1714	ARLINGTON VA 22209
D	VASQUEZ, JULIO	9591 FOUNTAINBLEAU BLVD., APT-2-807	MIAMI FL 33172
D	BARRIOS, LEONEL M	25 METROS AL OESTE, APT. 1	SAN JOSE, COSTA RICA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11				
12				
13				
14				
21				<input type="checkbox"/> Change <input type="checkbox"/> Addition
22				
23				
24				
31				<input type="checkbox"/> Change <input type="checkbox"/> Addition
32				
33				
34				
41				<input type="checkbox"/> Change <input type="checkbox"/> Addition
42				
43				
44				
51				<input type="checkbox"/> Change <input type="checkbox"/> Addition
52				
53				
54				
61				<input type="checkbox"/> Change <input type="checkbox"/> Addition
62				
63				
64				

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 13 or 14 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95

(205) 885-2905