

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

**APPROVED
AND
FILED**

1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

95 MAY 10 AM 10:35

DOCUMENT # P94000060490 (7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAVATTI INTERNATIONAL, INC.

17730 N.W. 67TH AVENUE
#507
MIAMI FL 33015

17730 N.W. 67TH AVENUE
#507
MIAMI FL 33015

STATE OF FLORIDA

3. Date of registration (month/year) **08/17/1994** 3a. Date of next report

21	2a	2b	4. Filing number 65-0512665	Applicant Fee Not Applicable
22	27	28	5. Certificate of State Deposit <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	29	6. Election Campaign Financing Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	7. This corporation has liability for intangible tax under § 199(1), Florida Statutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DE ALVARADO, MARIA F 17730 N.W. 67TH AVENUE #507 MIAMI FL 33015		81	Name
		82	Street Address, P.O. Box Number, Not Acceptable
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.09(5) and 607.15(9), 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. Thereby, it certifies the appointment as registered agent of an foreign entity and accept the discipline of Section 607.09(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
NAME	PTD ALVARADO, MARIA F 17730 N.W. 67TH AVE. MIAMI FL 33015	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVD ALVARADO, ROLANDO J 17730 N.W. 67TH AVE. MIAMI FL 33015	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and qualify for the exemption stated in Section 199(1), Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report on time and in accordance with the applicable provisions of the Florida Statutes and that I am a duly authorized officer or director of the corporation or the person or persons authorized to execute the report as required by Chapter 199, Florida Statutes, and that my name appears on Block A of the report as required by Chapter 199, Florida Statutes.

SIGNATURE: **05/04/95 (305) 556-3382**
 SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR