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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054348

CURVEL INTERNATIONAL CORP.

Principal Place of Business Mailing Address						[BBIGI UBIBI BII:	! 	(
1351 NE MIAMI	GARDENS DR		1351 NE MIAMI GARDENS DR						
APT. 212 E		APT. 212 E				DO NOT WRITE IN THIS SPACE			
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 3			·L 33179			3. Date Incorporated or Qualifed			
Ì						06/26/1996			ļ
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		$\neg \top \top$	Applied For
21	tabo or saminas	26				65-0735414		<u> </u>	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional
22 27						5. Certifcate of Status Desired		Fee_	Required
City & Sta	ite	City & State		_		6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		B1	Name	10. Name and Address of New R	agistereu A	∕ 66 ur	
SILV	A, ZULEIDE BRITTO D		Ľ	"L	Name				
1351 NE MIAMI GARDENS DR			8	82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
	212 E		5	B3					
	TH MIAMI BEACH FL 33179		["L					
****	III illicani garieri i a veri c		8	B4	City		FI	85 Zi	ip Code
44 Duramant	to the amenicians of Sections 607.05	02 and 607 1508. Florida S	totutes the abo		named cor	poration submits this statement for the p	nurpose of c	hanging	its registered
office or	registered agent, or both, in the State	e of Florida. Such change w	as authorized b	by th	ie corporat	tion's board of directors. I hereby accept	the appoin	tment as	registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505,	, Florida Statute	es.					
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable. (NOTE: Registered A	rent s	sionature requir	ired when reinstatir g)	DATE		
12.		ND DIRECTORS	13.	9	- 	ADDITIONS/CHANGES TO OFF	ICERS ANI	D DIREC	TORS IN 12
TITLE	D	☐ DELETI	E 1.1 TITLE			1.00		☐ Chang	ge 🔲 Addition
NAME	MARTINS, IVO C		1.2 NAMI	1E					!
STREET ADDRESS	JACK NE HUANIL CARRENG DO		1,3 STRE	EETAI	DORESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	' 9	1.4 CITY	/-S <u>T-</u> Z	ZIP				
TITLE		☐ DELETI	E 2.1 ππ.Ε	Ę				Chang	ge Addition
NAME	,		2.2 NAM	Œ					
STREET ADDRESS	·		2.3 STRE	EETA	ODRESS				
CITY-ST-ZIP	·		2.4 CITY	y ST	ZIP	~ - /	· - ·		<u> </u>
TITLE	<u> </u>	☐ DELETI	3.1 TTTLE	E				Chang	ge 🔲 Addition
NAME	1		3.2 NAMI	ΙE					
STREET ADDRESS	<u> </u>		. 3.3 STRE	EETA	ADDRESS .				
CITY-ST-ZIP			3.4. CITY		ZIP				Addition
TITLE		☐ DÉLETE						☐ Chang	ge 🗀 Addition
NAME	1		4. 2 NAM				•		
STREET ADDRESS	<i>:</i>				ODRESS				i
CITY-ST-ZIP			4.4 CITY-		ZIP			Chan	Addition
TITLE		, DELETI			1			Chang	ge Addition
NAME			5.2 NAMI		200500				
STREET ADDRESS	1				DORESS				
CITY-ST-ZIP	 		5.4 CITY 6.1 TITLE		<u> </u>	 		Chang	ge Addition
TITLE			6.2 NAME					- Cueria	je
NAME STREET ADDRESS					DDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

03/31/99 (305)931.9526

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 016 ***150.00