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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086191 (9)**

1. Corporation Name

INFOHOUSE INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**7107 COLLINS AVE
MIAMI BEACH FL 33141
US**

**7107 COLLINS AVE
MIAMI BEACH FL 33141
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

2. Principal Place of Business

2a. Mailing Address

21 **220, 71ST ST**

26 **220, 71ST ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 217/221**

27 **SUITE 217**

City & State

City & State

23 **MIAMI BEACH - FL**

28 **MIAMI BEACH - FL**

Zip

Country

Zip

Country

24 **33141**

25 **USA**

29 **33141**

30 **USA**

4. FEI Number

65-0708290

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRUZ, JOSE O
1328 SW 181 AVE
PEMBROKE PINES FL 33029**

81 Name **CRUZ, JOSE O**

82 Street Address (P.O. Box Number is Not Acceptable)
3484 SW 53 CT

83

84 City **Hollywood**

FL

85 Zip Code
33312

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



JOSE OCTAVIO CRUZ

Apr 13, 1998

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **CRUZ, JOSE O**
STREET ADDRESS **1328 SW 181 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **CRUZ, JOSE O**
1.3 STREET ADDRESS **3484 SW 53 CT**
1.4 CITY-ST-ZIP **Hollywood FL 33312**

TITLE **DT** ☐ DELETE
NAME **MESQUITA, VALMIR M**
STREET ADDRESS **PAULA MORAES 720 #320.B FORT. CE**
CITY-ST-ZIP **CEP. 60.155170**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **CRUZ, MARIA DO CARMO**
STREET ADDRESS **1328 SW 181 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **CRUZ, MARIA DO CARMO**
3.3 STREET ADDRESS **3484 SW 53 CT**
3.4 CITY-ST-ZIP **Hollywood FL 33312**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:  **JOSE OCTAVIO CRUZ** **Apr 13, 98** **(305) 866-6661**

CR2E034 (10/97)