

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071759 (9)
 1. Corporation Name
FAG INTERNATIONAL CORPORATION



Principal Place of Business ONE BISCAYNE TOWER, STE 2975 TWO SOUTH BISCYNE BLVD MIAMI FL 33131	Mailing Address ONE BISCAYNE TOWER, STE 2975 TWO SOUTH BISCYNE BLVD MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1997		4. FEI Number 65-0775940		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 13438 SW 131st Street Suite, Apt. #, etc.	2a. Mailing Address 26 9110 SW 137th Avenue Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State Miami, Florida	27 City & State Miami, Florida	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip 33186	24 Country USA	28 Zip 33186	29 Country USA	

9. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESO ONE BISCAYNE TOWER, STE 2975 TWO SOUTH BISCYNE BLVD MIAMI FL 33131		10. Name and Address of New Registered Agent		
b1 Name		b2 Street Address (P.O. Box Number is Not Acceptable)		
b3		b4 City		
		FL		b5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/VP/T/ Sebastiao Goncalves
STREET ADDRESS		1.3 STREET ADDRESS	13438 SW 131st Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/ Celia Vieira
STREET ADDRESS		2.3 STREET ADDRESS	13054 SW 133rd Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *X* *[Signature]* **Celia Vieira** *202/20/98* *2025 588 1215*

CR2E034 (10/97)