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03-10-1999 90167 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000039360

1. Corporation Name 3-D INTERNATIONAL CORPORATION

Principal Place of Business 5366 W 16 AVE HIALEAH FL 33012

Mailing Address 5366 W 16 AVE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1998

4. FEI Number 65-0834722 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 220 N.W. 57CT Suite, Apt. #, etc.

2a. Mailing Address 26 220 N.W. 57CT Suite, Apt. #, etc.

23 MIAMI, FLA City & State

28 MIAMI, FLA City & State

24 33126 Zip 25 Country

29 33126 Zip 30 U.S.A Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUEVES, ANDREW 9200 S DADELAND BLVD STE 603 MIAMI FL 33156

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PSD DIAZ, DOMINGO J and VTD DIAZ, DIEGO M.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows 1.1-6.4 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 Date

Daytime Phone #

CR2E034 (1/98)