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FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V43039**
 1. Corporation Name
EVENORTH INTERNATIONAL, INC.

Principal Place of Business Mailing Address

1800 W. 49St Hialeah, Fl. 33012 Ste# 332
 1800W. 49st Hialeah, Fl. 33012 Ste# 332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/92

2. Principal Place of Business 2a. Mailing Address

21 1800 w. 49 st 26 1800 w. 49 st.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 332 27 332
 City & State City & State
 23 Hialeah, fl. 28 Hialeah, fl.
 Zip Country Zip Country
 24 33012 25 33012 29 33012 30

4. FEI Number Applied For
65-0402687 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

9. Name and Address of Current Registered Agent

GONZALEZ EVENCIO
17500 N.W. 67 Court
MIAMI, FL. 33015

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	PD
NAME	GONZALEZ EVENCIO
STREET ADDRESS	17500 N.W. 67 Court
CITY-ST-ZIP	Miami, Fl 33015
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	VIRGUEZ, RAFAEL
STREET ADDRESS	10223 SW 28th STREET
CITY-ST-ZIP	MIAMI, FL 33067
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ TOMAS
STREET ADDRESS	2700 FONTAINEBLEAU BLVD AP ##3-3
CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GONZALEZ ARIS
2.3 STREET ADDRESS	17500 NW 67 Court
2.4 CITY-ST-ZIP	Miami FL 33015
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PENALVER Z DULCE
3.3 STREET ADDRESS	16276 SW 26 ST
3.4 CITY-ST-ZIP	MIRAMAR FL ## 33027
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: **MAY 20/99** 305-231-9957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)