

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # V63321 (6)**  
 1. Corporation Name  
**ASECOMER INTERNATIONAL CORPORATION**



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| Principal Place of Business<br><b>2801 NW 74TH AVENUE<br/>                 SUITE 101<br/>                 MIAMI FL 33122<br/>                 US</b> | Mailing Address<br><b>2801 NW 74TH AVENUE<br/>                 SUITE 101<br/>                 MIAMI FL 33122<br/>                 US</b> |
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DO NOT WRITE IN THIS SPACE

|  |   |
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| 2. Principal Place of Business<br>21 <b>8610 NW 72nd. ST.</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>MIAMI, FL.</b><br>Zip<br>24 <b>33166</b> Country<br>25 <b>DADE</b> | 2a. Mailing Address<br>26 <b>8610 NW 72nd. ST.</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>MIAMI, FL.</b><br>Zip<br>29 <b>33166</b> Country<br>30 <b>DADE</b> |
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|--|--|--|
| 3. Date Incorporated or Qualified<br><b>09/10/1992</b>   | 4. FEI Number<br><b>65-0357213</b>   | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
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| 9. Name and Address of Current Registered Agent<br><b>CRESPO, JOHN O.<br/>                 6911 MAIN STREET, #212-HOUSE<br/>                 6991 N. W. 82 AVENUE #11-OFFICE<br/>                 MIAMI FL 33166</b> | 10. Name and Address of New Registered Agent<br>81 Name<br><b>CRESPO, JOHN O.</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>16600 SW 101 TER. (Home)</b><br>83<br><b>8610 NW 72 ST.-33166 (Office)</b><br>84 City<br><b>MIAMI</b> FL 85 Zip Code<br><b>33196</b> |
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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  **Crespo, John O. DP** **04/15/98**  
(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 type="checkbox"/> Addition            |
| NAME                        | <b>CRESPO, JOHN O.</b>          | 1.2 NAME  | <b>DP CRESPO, JOHN O.</b>  |
| STREET ADDRESS              | <b>DIAGONAL 24, #T18-A33</b>    | 1.3 STREET ADDRESS                                    | <b>166 SW 101 TER.</b>   |
| CITY-ST-ZIP                 | <b>CALI VALLE, COLOMBIA</b>     | 1.4 CITY-ST-ZIP                                       | <b>MIAMI, FL. 33196</b>  |
| <b>Change of Addr. Only</b> |                                 | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                       | <input type="checkbox"/> DELETE | 2.2 NAME  | <b>DV VALENCIA, ALEJANDRO</b>  |
| NAME                        |                                 | 2.3 STREET ADDRESS                                    | <b>1585 SALERNO CIRCLE</b>   |
| STREET ADDRESS              |                                 | 2.4 CITY-ST-ZIP                                       | <b>WESTON, FL 33327</b>  |
| CITY-ST-ZIP                 |                                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                       | <input type="checkbox"/> DELETE | 3.2 NAME  |  |
| NAME                        |                                 | 3.3 STREET ADDRESS                                    |  |
| STREET ADDRESS              |                                 | 3.4 CITY-ST-ZIP                                       |  |
| CITY-ST-ZIP                 |                                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                       | <input type="checkbox"/> DELETE | 4.2 NAME  |  |
| NAME                        |                                 | 4.3 STREET ADDRESS                                    |  |
| STREET ADDRESS              |                                 | 4.4 CITY-ST-ZIP                                       |  |
| CITY-ST-ZIP                 |                                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                       | <input type="checkbox"/> DELETE | 5.2 NAME  |  |
| NAME                        |                                 | 5.3 STREET ADDRESS                                    |  |
| STREET ADDRESS              |                                 | 5.4 CITY-ST-ZIP                                       |  |
| CITY-ST-ZIP                 |                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                       | <input type="checkbox"/> DELETE | 6.2 NAME  |  |
| NAME                        |                                 | 6.3 STREET ADDRESS                                    |  |
| STREET ADDRESS              |                                 | 6.4 CITY-ST-ZIP                                       |  |
| 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 added along with an address.

SIGNATURE:  **Crespo, John O. - DP** **04/29/98** **(305)599-2115**

CR2E034 (10/97)