

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

Jun 09 1997 8:00am  
Secretary of State

|                                              |                                                                                                                                                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1996</b> |  <p>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Morham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</p> |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # V43039 (9)**  
1. Corporation Name  
**EVENORTH INTERNATIONAL INC.**



Principal Place of Business  
**210 FOUNTAINBLEAU BLVD.  
SUITE 303  
MIAMI FL 33172**

Mailing Address  
**1700 S. W. 57 AVENUE  
SUITE 214  
MIAMI FL 33155  
US**

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/09/1992</b>                                                                                           | 3a. Date of Last Report<br><b>04/18/1995</b>           |
| 4. FEI Number<br><b>65-0402687</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26 1790 WEST 49 ST</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27 # 217</b>           |
| City & State<br><b>23</b>                   | City & State<br><b>28 HIALEAH FLORIDA</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>                             |
| Country<br><b>29</b>                        | Zip<br><b>30 33012</b>                           |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, EVENCIO**  
**210 FOUNTAINBLEAU BLVD**  
**SUITE 303**  
**MIAMI FL 33172**

**EVENORTH INT'L, INC.**  
**1790 West 49 Street, Suite 211**  
**Hialeah, FL 33012**  
**Tel: (305) 231-9957 • Fax (305) 231-9960**

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 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 \_\_\_\_\_ (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>PD GONZALEZ, EVENCIO</b>          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>210 FOUNTAINBLEAU BLVD.</b>       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SD VIRGUEZ, RAFAEL</b>            | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>10223 S.W. 28TH STREET</b>        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VPD GONZALEZ, TOMAS</b>           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>210 FOUNTAINBLEAU BLVD. AP3-3</b> | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                      | 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                                       |                                                                   |

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**-06/13/97--01011--007**  
**\*\*\*200.00**

**05**  
**6/9/97**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 \_\_\_\_\_

CR2E034 (1-95)