

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

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

02-21-1999 90017 021 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # G45505

1. Corporation Name
COFRAN INTERNATIONAL CORPORATION

Principal Place of Business
C/O CHRISTIAN GARCES DE MARCILLA
1500 NW 94 AVENUE
MIAMI FL 33172

Mailing Address
C/O CHRISTIAN GARCES DE MARCILLA
1500 NW 94 AVENUE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2305005	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

DE MARCILLA, CHRISTIAN GARCES
1500 NW 94 AVENUE
MIAMI FL 33172

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

Christian Garces de Marcilla

01/27/99

Signature of registered agent or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GARCES DE MARCILLA, CHRI	1.2 NAME	
STREET ADDRESS	1500 N W 94 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MAS, BERNARD	2.2 NAME	
STREET ADDRESS	128 FBG ST HONORE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	MAS, JEAN-PIERRE	3.2 NAME	
STREET ADDRESS	14 QUAI ANTOINE LER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONACO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	MAS, GEORGES	4.2 NAME	
STREET ADDRESS	128 FBG ST HONORE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	GARCES, CRISTIAN	5.2 NAME	
STREET ADDRESS	14000 S.W. 20 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

Christian Garces de Marcilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

305-944-222

Daytime Phone #

CR2E034 (11/98)