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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

4. FEI Number

65-0402687

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 1800 w. 49 st

Suite, Apt. #, etc.

22 332

City & State

23 Hialeah, fl.

Zip Country

24 33012

25

2a. Mailing Address

26 1800 w. 49 st.

Suite, Apt. #, etc.

27 332

City & State

28 Hialeah, fl.

Zip Country

29 33012

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME VIRGUEZ, RAFAEL
STREET ADDRESS 10223 SW 28th STREET
CITY-ST-ZIP MIAMI, FL 33067

TITLE VPD
NAME GONZALEZ TOMAS
STREET ADDRESS 2700 FONTAINEBLEU BLVD AP ##3-3
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD
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
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
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 20/99 305-231-9907

Date

Daytime Phone #

CR2E034 (1/98)