

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F23031 (0)  
1. Corporation Name  
CONSOLIDATED INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business  
4300 S.W. 73RD AVE.  
MIAMI FL 33155

Mailing Address  
PO BOX 56-0985  
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2068262	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD.  
STE. 4750  
MIAMI FL 33131

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

4/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
	NAME	2.1 TITLE	Change Addition
	NAME	2.2 NAME	
	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
	NAME	3.1 TITLE	Change Addition
	NAME	3.2 NAME	
	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
	NAME	4.1 TITLE	Change Addition
	NAME	4.2 NAME	
	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
	NAME	5.1 TITLE	Change Addition
	NAME	5.2 NAME	
	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
	NAME	6.1 TITLE	Change Addition
	NAME	6.2 NAME	
	NAME	6.3 STREET ADDRESS	
	NAME	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.

SIGNATURE:

*[Signature]* V.P.

4/22/98

Signature and typed or printed name of signing officer or director

Daytime Phone #

0267666

CR2E034 (10/97)