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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000001966 (8)

EFG CAPITAL INTERNATIONAL CORP.

Principal Plac	ce of Business	Mailing Address		I JURITUM CERU INSUR NISTE ANDERE OPERA N	olii basir antar ilala fafia dilin alii laut
777 BRICKEL	L AVE.	777 BRICKELL AVE.			
SUITE 1150 MIAMI FL 331	131-2909	Suite 1150 Miami FL 33131		DO NOT WRIT	E IN THIS SPACE
US	101-2000	US		3. Date Incorporated or Qualified	
				04/22/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0634942	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	10	City & State			Fee Required
23	16	28 28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Juni	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
UN	IITED CORPORATE SERVICES, IN	IC.	81 Name		
80	1 NE 167TH ST., STE. 300		82 Street Add	fress (P.O. Box Number is Not Accepta	ble)
NO.	DRTH MIAMI BEACH FL 33162				
			83		1
			84 City		85 Zip Code
dd Dygay and	to the acquisites of Continue CO7 0500	O and CO7 (EOO, Elevido Cintus		and in a short this state and far the	FL 83 2 P Code
office or i	registered agent, or both, in the State	of Florida, Such change was a	es, the above-hamed corpora authorized by the corpora	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
agent. La	am familiar with, and accept the obliga	ations of, Section 607.0505, Fit	orida Statutes.		
1					
SIGNATURE	Signature, typed or printed name of registered ager				DATE
1	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NOT)	E. Registered Agent signature requi		DATE
SIGNATURE		nt and title if applicable. (NOT)	E. Registered Agent signature requi	ired when reinstating)	DATE
SIGNATURE	OFFICERS AND DS HOWELL, LAWRENCE D	nt and title if applicable. (NOTI	E. Registered Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
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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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

CITY - ST - ZIP

201011

**FILED** 

Jan 21 1998 8:00am

Secretary of State

305-530-2160