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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F9700000039 (4)

COSTA RICA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2525 S.W. 3RD AVE., STE 303 MIAMI FL 33129

2525 S.W. 3RD AVE.. STE 303 MIAMI FL 33129 FILED Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                              |                            |                                                                                                |                                                                        | 3. Date Incorporated or Qualified               |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|-------------------|
|                                                                                                                                                                                                                                                                              |                            |                                                                                                |                                                                        | 01/02/1997                                      |                   |
|                                                                                                                                                                                                                                                                              | lace of Business           | 2a. Mailing Address                                                                            | . ( )                                                                  | 4. FEI Number                                   | Applied For       |
|                                                                                                                                                                                                                                                                              | 1ERRICK WAY                | 26 95 MERRI                                                                                    | CK WAY                                                                 |                                                 | Not Applicable    |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 507                                                                                                                                                                                                        |                            |                                                                                                | 5. Certificate of Status Desired                                       | 8.75 Additional<br>Fee Required                 |                   |
| City & State COR AL GABLES CORAL G                                                                                                                                                                                                                                           |                            | ↑ B LES  6. Election Campaign Financing Trust Fund Contribution  1. St.00 May Be Added to Fees |                                                                        |                                                 |                   |
| Zip                                                                                                                                                                                                                                                                          | Country                    | Zip                                                                                            | Country                                                                | 8. This corporation owes or has paid the curren | · 1               |
| 24 3313                                                                                                                                                                                                                                                                      |                            | 29 33134 30                                                                                    | USA                                                                    | Personal Property Tax due June 30.              |                   |
| Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent                                                                                                                                                                                |                            |                                                                                                |                                                                        |                                                 |                   |
| ZAMORA, MONICA C                                                                                                                                                                                                                                                             |                            |                                                                                                |                                                                        |                                                 |                   |
| 2525 S.W. 3RD AVE., STE 303                                                                                                                                                                                                                                                  |                            |                                                                                                | MONICA CHAVES  82 Street Address (P.O. Box Number is Not Acceptable) + |                                                 |                   |
| MIAMI FL 33129                                                                                                                                                                                                                                                               |                            |                                                                                                | 95 MERRICK WAY, SUITE SUI                                              |                                                 |                   |
| İ                                                                                                                                                                                                                                                                            |                            |                                                                                                | 83                                                                     |                                                 |                   |
| 84 C                                                                                                                                                                                                                                                                         |                            |                                                                                                |                                                                        | RAL GABLES FL                                   | Zip Code<br>33134 |
| 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               |                                                                                                | 13.                                                                    | ADDITIONS/CHANGES TO OFFICERS AND DI            | RECTORS IN 12     |
| TITLE                                                                                                                                                                                                                                                                        | PCD                        | DELETE                                                                                         | 1.1 TITLE                                                              | OC.D P                                          | Change            |
| NAME                                                                                                                                                                                                                                                                         | ZAMORA, CALIXTO C          |                                                                                                | 1.2 NAME                                                               | CHAVES, CALIXTO                                 | =                 |
| STREET ADDRESS                                                                                                                                                                                                                                                               | 2525 S.W. 3RD AVE., STE 30 | 3                                                                                              | 1.3 STREET ADDRESS                                                     | 95 MERRICK WAY, SUIT                            | E 50/             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                  | MIAMI FL                   | `                                                                                              | 1.4 CITY-ST-ZIP                                                        | CORAL GABLES, FL 3                              | 3134              |
| TITLE                                                                                                                                                                                                                                                                        | TD                         | DELETE                                                                                         | 2.1 TITLE                                                              | TD 🔀                                            | Change Addition   |
| NAME                                                                                                                                                                                                                                                                         | QUESADA, JORGE M           |                                                                                                | 2.2 NAME                                                               | QUESADA , JORGE                                 |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                               | 2525 S.W. 3RD AVE., STE 30 | 3                                                                                              | 2.3 STREET ADDRESS                                                     | 95 HERRICK WAY, SUIT                            | E 501             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                  | MIAMI FL                   |                                                                                                | 2. 4 CITY - ST - ZIP                                                   | CORAL GABLES, TL 3                              | タリラケ              |
| TITLE                                                                                                                                                                                                                                                                        | SD                         | DELETE                                                                                         | 3.1 TITLE                                                              | <br><br><br><br><br><br><br>                    | Change Addition   |
| NAME                                                                                                                                                                                                                                                                         | ZAMORA, MONICA C           |                                                                                                | 3.2 NAME                                                               | CHAVES, MONICA                                  | 507               |
| STREET ADDRESS                                                                                                                                                                                                                                                               | 2525 S.W. 3RD AVE., STE 30 | 3                                                                                              | 3.3 STREET ADDRESS                                                     | 95 HERRICK WAY, SUITE                           | 33.34             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                  | MIAMI FL                   |                                                                                                | 3.4. CITY-ST-Z#P                                                       | CORAL GABLES, FL                                | 25134             |
| TITLE                                                                                                                                                                                                                                                                        | VD                         | DELETE                                                                                         | 4.1 TITLE                                                              | VD 🛎                                            | Change            |
| NAME                                                                                                                                                                                                                                                                         | PERALTA, FEDERICO V        |                                                                                                |                                                                        | VARGAS, FEDERICO                                |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                               | 2525 S.W. 3RD AVE., STE 30 | 3                                                                                              | 4.3 STREET ADDRESS                                                     | 95 MERRICK WAY, SUI                             | 15 301            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                  | MIAMI FL                   | <b>P-7</b>                                                                                     | 4.4 CITY - ST - ZIP                                                    | CORAL GABLES, FL                                | 2 21 2 T          |
| TITLE                                                                                                                                                                                                                                                                        |                            | ☐ DELETE                                                                                       | 5.1 TITLE                                                              | ' 2                                             | Change            |
| NAME                                                                                                                                                                                                                                                                         |                            |                                                                                                | 5.2 NAME                                                               |                                                 |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                               |                            |                                                                                                | 5.3 STREET ADDRESS                                                     |                                                 |                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                  |                            | Dr. crc                                                                                        | 5.4 CITY - ST - ZIP                                                    |                                                 | Obarra            |
| TITLE                                                                                                                                                                                                                                                                        |                            | ☐ DELETE                                                                                       | 6.1 TITLE                                                              | Ľ                                               | Change            |
| NAME                                                                                                                                                                                                                                                                         |                            |                                                                                                | 6.2 NAME                                                               |                                                 | ļ                 |
| STREET ADDRESS                                                                                                                                                                                                                                                               |                            |                                                                                                | 6.3 STREET ADDRESS                                                     |                                                 |                   |
|                                                                                                                                                                                                                                                                              |                            |                                                                                                |                                                                        |                                                 |                   |

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

CIONATURE.

Colyano Da

02-17-98

R2E034 (10/97)