

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

FILED

**Feb 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000039 (4)

1. Corporation Name
COSTA RICA INTERNATIONAL, INC.



Principal Place of Business 2525 S.W. 3RD AVE., STE 303 MIAMI FL 33129	Mailing Address 2525 S.W. 3RD AVE., STE 303 MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 95 MERRICK WAY Suite, Apt. #, etc. 22 507 City & State 23 CORAL GABLES Zip 24 33134 Country 25 USA		2a. Mailing Address 26 95 MERRICK WAY Suite, Apt. #, etc. 27 507 City & State 28 CORAL GABLES Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 01/02/1997	
4. FEI Number 87-0432572		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ZAMORA, MONICA C 2525 S.W. 3RD AVE., STE 303 MIAMI FL 33129				10. Name and Address of New Registered Agent			
81 Name MONICA CHAVES		82 Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY, SUITE 507		83		84 City CORAL GABLES FL 85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAMORA, CALIXTO C			1.2 NAME	CHAVES, CALIXTO		
STREET ADDRESS	2525 S.W. 3RD AVE., STE 303			1.3 STREET ADDRESS	95 MERRICK WAY, SUITE 507		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUESADA, JORGE M			2.2 NAME	QUESADA, JORGE		
STREET ADDRESS	2525 S.W. 3RD AVE., STE 303			2.3 STREET ADDRESS	95 MERRICK WAY, SUITE 507		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAMORA, MONICA C			3.2 NAME	CHAVES, MONICA		
STREET ADDRESS	2525 S.W. 3RD AVE., STE 303			3.3 STREET ADDRESS	95 MERRICK WAY, SUITE 507		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERALTA, FEDERICO V			4.2 NAME	VARGAS, FEDERICO		
STREET ADDRESS	2525 S.W. 3RD AVE., STE 303			4.3 STREET ADDRESS	95 MERRICK WAY, SUITE 507		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE: *[Signature]* 02-17-98

CR2E034 (10/97)