

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

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90049 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000000039

1. Corporation Name
COSTA RICA INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 95 MERRICK WAY #507 95 MERRICK WAY #95
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US

2. Principal Place of Business 2a. Mailing Address
 21 95 Merrick Way 26 95 Merrick Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 507 27 507
 City & State City & State
 23 Coral Gables, FL 28 Coral Gables, FL
 Zip Country Zip Country
 24 33134 25 USA 29 33134 30 USA

3. Date Incorporated or Qualified
01/02/1997
 4. FEI Number Applied For
87-0432572 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 MONICA CHAVES 81 Name
 95 MERRICK WAY #507 82 Street Address (P.O. Box Number is Not Acceptable)
 CORAL GABLES FL 33134 83
 84 City 85 Zip Code
FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, CALIXTO	1.2 NAME	
STREET ADDRESS	95 MERRICK WAY #507	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESADA, JORGE M	2.2 NAME	
STREET ADDRESS	95 MERRICK WAY #507	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, MONICA	3.2 NAME	
STREET ADDRESS	95 MERRICK WAY #507	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, FEDERICO	4.2 NAME	
STREET ADDRESS	95 MERRICK WAY #507	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input 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 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, with all other like empowered.

SIGNATURE: Monica Chaves **REQUIRED** 01/22/99 (305)476-1757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)