

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G80714** (0)

1. Corporation Name
FILCO INTERNATIONAL, INC.



Principal Place of Business 10220 SW 108 ST MIAMI FL 33178 US	Mailing Address P.O. BOX 560845 MIAMI FL 33256-0845 US
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3. Date Incorporated or Qualified 12/08/1983	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2344534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent FILURIN, EDWARD 10220 SW 108 ST MIAMI FL 33178	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>EDWARD FILURIN</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>21863 ARRIABA REAL, SA</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>BOCA RATON FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33433</td> </tr> </table>	81 Name	EDWARD FILURIN	82 Street Address (P.O. Box Number is Not Acceptable)	21863 ARRIABA REAL, SA	83		84 City	BOCA RATON FL	85 Zip Code	33433
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82 Street Address (P.O. Box Number is Not Acceptable)	21863 ARRIABA REAL, SA										
83											
84 City	BOCA RATON FL										
85 Zip Code	33433										

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]* DATE: **1/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILURIN, EDWARD	1.2 NAME	FILURIN, EDWARD
STREET ADDRESS	10220 SW 108 ST	1.3 STREET ADDRESS	21863 ARRIABA REAL SA
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILURIN, HARRIET	2.2 NAME	FILURIN, HARRIET
STREET ADDRESS	10220 SW 108 ST	2.3 STREET ADDRESS	21863 ARRIABA REAL SA
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAGA, TATIANA	3.2 NAME	
STREET ADDRESS	10220 SW 108 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/22/97**

CR2E034 (9/96)