

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

FILED

98 JUN 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G84167 (7)
1. Corporation Name
INTERNATIONAL REPRESENTATIONS, INC.

Principal Place of Business
258 LAS PALMAS ST.
ROYAL PALM BEACH FL 33411

Mailing Address
258 LAS PALMAS ST.
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/06/1984

4. FEI Number

59-2426605

Applied For
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 or has paid the current year Intangible
Personal Property Tax due June 30

Yes No

9. Name and Address of Current Registered Agent

GRIFFIN, HAROLD
1441 W. 62 ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLOREZ, JAIME
STREET ADDRESS 258 LAS PALMAS ST
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE VP
NAME FLOREZ, CILIA M
STREET ADDRESS 258 LAS PALMAS STREET
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE S
NAME ARAMBURO, ANA M.
STREET ADDRESS 258 LAS PALMAS STREET
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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; that I received 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:

561 7980732

CR2E034 (10/97)

Cali, April 28, 1998

2

TO WHOM MAY CONCERN

This note is to certify that Mr. Cilia Florez had a medical emergency during her visit to this city: CALI, COLOMBIA, SOUTH AMERICA, the past March 19, 1998, consisting of increased internal eye pressure and detachment of choroidals in her right eye.

She required surgery to correct the medical condition and unfortunately suffered complications requiring a second corrective surgery April 1 1998, and an post-surgery recovery of five weeks. The recovery period for her condition required to reduce her movements to a minimum, and restrict herself from traveling both by car and airplane. The first three weeks of Mrs. Florez recovery were of complete rest with her head down all the time.

Due to the fact that the medical treatment required the application of gas SF6 in her right eye she will only be allowed to travel by air until April 30th, 1998.

If you have any question or need additional information you can contact me at:

CLINICA OFTALMOLOGICA

Dirección: Carrera 47 Sur No. 8C-94 - Consultorio 205

Tel: 5520876

Fax: 5520896

Monica Quevedo, MD

Monica Quevedo Celsi
MEDICO CIRUJANO OFTALMOLOGO