

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H78696** (2)

1. Corporation Name  
**MCO INTERNATIONAL, INC.**

Principal Place of Business <b>C/O T. SKOLA, ESQ. 801 BRICKELL AVE., 14 FL MIAMI FL 33131</b>	Mailing Address <b>C/O T. SKOLA, ESQ. 801 BRICKELL AVE., 14 FL MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/30/1985</b>	3a. Date of Last Report <b>07/19/1994</b>
4. FEI Number <b>59-2584248</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suito, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suito, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKOLA, THOMAS J ESQ.  
801 BRICKELL AVE., 14TH FL.  
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKOLA, THOMAS J</b>	1.2 NAME	
STREET ADDRESS	<b>801 BRICKELL AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DPT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, TIMOTHY H</b>	2.2 NAME	
STREET ADDRESS	<b>C/O OTR, 1130 SW MORRISON, #250</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORTLAND OR</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, PETER B</b>	3.2 NAME	
STREET ADDRESS	<b>C/O OTR, 1130 S.W. MORRISON, #250</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORTLAND OR</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, JAMES L</b>	4.2 NAME	
STREET ADDRESS	<b>C/O OTR, 1130 S.W. MORRISON, #250</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORTLAND OR</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSTON, GEORGE L</b>	5.2 NAME	
STREET ADDRESS	<b>C/O OTR, 1130 SW MORRISON, #250</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORTLAND OR</b>	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 (305) 377-6200