

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H78696** (2)

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



Principal Place of Business: **C/O T. SKOLA, ESQ. 801 BRICKELL AVE., 14 FL. MIAMI FL 33131**  
Mailing Address: **C/O T. SKOLA, ESQ. 801 BRICKELL AVE., 14 FL. MIAMI FL 33131**

3. Date Incorporated or Qualified: **09/30/1985**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2584248**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. **5201 Blue Lagoon Drive**  
22. Suite, Apt. #, etc.: **Suite 100**  
23. City & State: **Miami, Florida**  
24. Zip: **33126**  
25. Country: \_\_\_\_\_  
2a. Mailing Address  
26. **5201 Blue Lagoon Drive**  
27. Suite, Apt. #, etc.: **Suite 100**  
28. City & State: **Miami, Florida**  
29. Zip: **33126**  
30. Country: \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**SKOLA, THOMAS J ESQ. 801 BRICKELL AVE., 14TH FL. MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81. Name: **SKOLA, THOMAS J.**  
82. Street Address (P.O. Box Number is Not Acceptable): **5201 Blue Lagoon Drive**  
83. **Suite 100**  
84. City: **Miami** FL 85. Zip Code: **33126**

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, hereby accepting the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* Signature of Registered Agent (Type or Print Name) *[Signature]* Signature of Registered Agent (Type or Print Name) **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SKOLA, THOMAS J</b>	
STREET ADDRESS	<b>801 BRICKELL AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, TIMOTHY H</b>	
STREET ADDRESS	<b>C/O OTR, 1130 SW MORRISON, #250</b>	
CITY - ST - ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, PETER B</b>	
STREET ADDRESS	<b>C/O OTR, 1130 S.W. MORRISON, #250</b>	
CITY - ST - ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, JAMES L</b>	
STREET ADDRESS	<b>C/O OTR, 1130 S.W. MORRISON, #250</b>	
CITY - ST - ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUSTON, GEORGE L</b>	
STREET ADDRESS	<b>C/O OTR, 1130 SW MORRISON, #250</b>	
CITY - ST - ZIP	<b>PORTLAND OR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SKOLA, THOMAS J.</b>	
1.3 STREET ADDRESS	<b>5201 Blue Lagoon Drive, Suite 100</b>	
1.4 CITY - ST - ZIP	<b>Miami, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 11.07(3)(j), 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 a 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 or Block 14, or on an attachment, with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/5/96** 800 533 4894

CR2E034 (12/95)