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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # CEDVICADOO INTERNA

SENV	ICANGO INTERNATIONAL I	runwanuena, inu.			
Principal Plac	e of Business	Mailing Address			int manna manna manna menera minner em de
7356 NW 34 ST		7356 NW 34 ST			
MIAMI FL 33122		MIAMI FL 33122			
				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		12/16/1986 4. FEI Number	11
21	ido or Business	26			Applied For Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-2758972	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30]	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
RAMIREZ, FERNANDO			81 Name		
7358 NW 34 ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
M	IIAMI FL 33122		83		<u>. </u>
			63		
			84 City		85 Zip Code
44 Durayant	to the creatings of Castians CO7 Of	22 and COZ 1500 Florida Ctat	doe the characteristic	poration submits this statement for the purpos	EL 85 Zip Code
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature, typed or pentret name of registered ag-		OTF Registered Agent's gnature requi		··
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
	RAMIREZ, FERNANDO	L''T DEFERE	1.1 HILE		Change Addition
NAME STREET ADDRESS	5445 COLLINS AVE UNIT M	LE	1.2 NAME		
1	MIAMI FL	1-3	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	INIPARII I E	DELETE	1.4 CHY-S1-ZIP 2 1 TITLE		Change Addition
NAME			2.2 NAME		C Culaulie C Manufout
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME	70000000147	ייבר ברוניב
STREET ADDRESS			5.3 STREET ADDRESS	7000025147 -05/07/9801011	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	***150.00	וטט
TITLE		DETELE	6.1 TITLE	المالية والمالية والمالية	Change Addition
NAME			6.2 NAME		17. V
STREET ADDRESS			6.3 STREET ADDRESS		. √ 6\

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental 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 province 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 a plant of the province of the corporation of the co

CITY-ST-ZIP

FILED

May 06 1998 8:00am

Secretary of State