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

DOCUMENT #

K50844

(5)

CAVENUS, INC.

Principal Place of Business

Mailing Address

% SINIVARDO NAVARRO 1784 W. FLAGLER STREET. SUITE #7 MIAMI FL 33135

% SINIVARDO NAVARRO 1784 W. FLAGLER STREET, SUITE #7 MIAMI FL 33135

FILED May 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

									12/12/1988					
2. Principal Pl	lace of Busines	2a. Mailing Address					4	4. FEI Number			A	pplied For		
15			26	26					65-0098878			[N	lot Applicable	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.					6. Certificate of Status	Desired	23		Additional	
22			27						e. Certificate of Status			Fee R	lequired	
City & State	e	City	City & State				- 10	6. Election Campaign	Financing		\$5.00	May Be		
23		28	4					Trust Fund Contribu	ution		Added to Fees			
Zip	ļ	Country	Zip	Z _i p Co			Country		This corporation ow	es or has p	_			
24	28	<u> </u>	29						Personal Property T				XI No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
NAVARRO, SINIVARDO						81	Name							
1784 W. FLAGLER STREET						82 Street Address (P.O. Box Number is Not Acceptable)								
SUI	TE #7									,				
MIAMI FL 33135						83					•			
						City				85 Zip Code				
						Oity	FL			 69 24	0000			
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														
SIGNATURE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE													
Signature, typed or profiled name of registered agent and title if applicable (NOTE Registere 12. OFFICERS AND DIRECTORS 13.							n) signature rec	equired wh			DATE			
12.	PD	OFFICERS AND	DIRECTORS	DELETE	13.		-		ADDITIONS/CHANG	ES TO OFFI	CEHS ANL	Change	RS IN 12	
TITLE	٠	CALIF./ADDO		DELETE	1.1 Trī							change	L.J Addition	
NAME	NAVARRO		1.2 N											
STREET ADDRESS		109TH AVE #10					ADDRESS							
CITY-ST-ZIP	MIAMI FL				1.4 CI		T-ZIP							
TITLE	SD an			☐ DELETE	2.1 717		<u> </u>					L Change	Addition	
NAME	TORO, SO			2.2 N		2.2 NAME								
STREET ADDRESS		109TH AVE #10		235			2 3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL				2 4 CI		T-ZIP					F-1		
TITLE				DELETE	3.1 717	LE						Change	Addition	
NAME				3.2 N			3.2 NAME							
STREET ADDRESS				3.3 \$			3.3 STREET ADDRESS							
City-St-ZiP							3.4. CITY+ST-ZIP							
TITLE				DELETE	4.1 TIT	LE						☐ Change	☐ Addition	
NAME					4.2 N	AME								
STREET ADDRESS				43 \$1			ADDRESS							
City-St-Z#P					44 01	Y-S1	1-21P							
TITLE				☐ DELETE	5 1 TIT	LE.						Change	Addition	
NAME					5 2 NA	ME							1	
STREET ADDRESS					5 3 ST	REET	ADDRESS						Ť	
CITY-ST-ZIP					5.4 Ci1	Y-S1	r-zip							
TITLE				☐ DELETE	6.1 TiT	L.E						Change	Addition	
NAME					62 NA	ME	-						ļ	
STREET ADDRESS					6.3 ST	REET /	ADDRESS							
CITY-ST-ZIP		А			6.4 Cf1									
	ertify that the i	nformation supplied wit report or supplemental	h this iling d	oes not qualify fo				in Sect	tion 119.07(3)(i), Floric	la Statutes.	further ce	rtify that the	e information	
indicated	on this annual	report or supplemental	annoal repor	t is true and acc	urate and	tha t	ıt my signa	ature st	nall have the same leg	al effect as i	it made un	der oath; th	at I am an	

officer or director of the corporation of the receiver of the

(305) 541-6296