

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:19

DOCUMENT # **K98996** (7)
1. Corporation Name
CLASS INTERNACIONAL, INC.

Principal Place of Business Mailing Address
3635 RIVIERA COURT CORAL GABLES FL 33148 **3635 RIVIERA COURT CORAL GABLES FL 33148**

2. Principal Place of Business 2a. Mailing Address
21 **7241 S.W. 102 AVE.** 26 **7241 S.W. 102 AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI, FLA.** 27 **MIAMI, FLA.**
City & State City & State
23 **33173** 25 **USA** 29 **33173** 30 **U.S.A.**
Zip County Zip County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1989** 3a. Date of Last Report **03/10/1994**
4. FEI Number **65-0126500** 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
7. This corporation has liability for litigation for under G. 189.002, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
PABLO OCTAVIO L. 1410 SW 12TH AVE MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name **GASTON R. ALVAREZ, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable) **1313 PONCE DE LEON BLVD.**
83 **SUITE 201**
84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/5/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, RAUL M
STREET ADDRESS	3835 RIVIERA CT
CITY ST ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DELIA A. POEY	
13 STREET ADDRESS	7241 S.W. 102 AVE.	
14 CITY - ST - ZIP	MIAMI, FLA. 33173	
21 TITLE	V.P., S/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LOURDES LLENIN BARRIOS	
23 STREET ADDRESS	7241 S.W. 102 AVE.	
24 CITY - ST - ZIP	MIAMI, FLA. 33173	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(a), 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 (added, or on an attachment with an address).

SIGNATURE: *[Signature]* DATE **6/5/95** TELEPHONE NO. **305-274-5031**