


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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L56314** (2)
1. Corporation Name
GONZMAR INTERNATIONAL CORP.



Principal Place of Business 7305 MIAMI LAKES DR BAY A MIAMI LAKES FL 33014 US	Mailing Address 7305 MIAMI LAKES DR 17421 SW 48 ST MIAMI LAKES FL 33014 US
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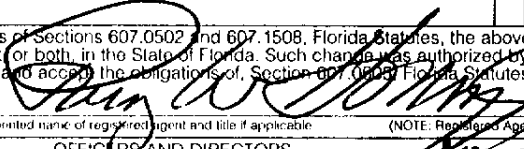
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 644 S.E. 4th Avenue 27 Suite, Apt. #, etc. 28 City & State 29 Ft. Lauderdale, FL 30 Zip 31 33301 32 Country 33 Broward
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3. Date Incorporated or Qualified 03/12/1990	4. FEI Number 65-0181089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

g. Name and Address of Current Registered Agent GONZALEZ, JOSEPH, F 7305 MIAMI LAKES DR MIAMI LAKES FL 33014	10. Name and Address of New Registered Agent 81 Name PERRY W. HODGES, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 644 Southeast 4th Avenue 83 84 City Fort Lauderdale 85 Zip Code FL 33301
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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 607.0603 Florida Statutes.

SIGNATURE  **2-2-98**
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 PD NAME GONZALES, JOSEPH F STREET ADDRESS 7305 MIAMI LAKES DR CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P, S, T, D 1.2 NAME Maria E. Zuluaga 1.3 STREET ADDRESS 17421 S.W. 48th Street 1.4 CITY-ST-ZIP Fort Lauderdale, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME GONZALEZ, JOSEPH F STREET ADDRESS 7305 MIAMI LAKES DR CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GONZALEZ, JOSEPH F STREET ADDRESS 7305 MIAMI LAKES DR CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE  **2-2-98** (305) 821-7842

CR2E034 (10/97)