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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L91418 INTERNATIONAL INC.	9 (6)			
Principal Place of Business		Mailing Address		L POETION DIO IDIDI NELLI DIGGE TIDIO IDI	I BEREE BEREE REDEE REDEE REDEE BEREE EERS
275 FONTAINEBLEAU BOULEVARD SUITE 250		P.O. BOX 025273-CE-250 MIAMI FL 33102			
MIAMI FL 33172 US	?			Date Incorporated or Qualified	3a. Date of Last Report
US				07/20/1990	03/29/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FE! Number 65-0235030	Applied For
21 Suite, Apt #, etc		26			Not Applicable
22		Suite, Apt. #, etc.	27		\$8.75 Additional Fee Regulred
City & State		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 has liability for	
24	[25] g. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New R	Yes No
∩pn	UNA, SUSANA N		81 Name		
9880 SW 64TH STREET MIAMI FL 33173			92 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	98848 33.4	85 Zip Code
44 Durcuont t	to the movinions of Sections 607.05	502 and 607 1508 Florida Statute	se the above named corr	poration submits this statement for the	FL So Exp Gode
office or re agent. Lar	egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida Such change was a gations of, Section 607.0505, Flo	original statutes.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered
CICNIATURE					
12.	Signature, typed or pricted name of registered a	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
Irilf	PSD	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO GITT	Change Addition
NAME	MARTINEZ, HECTOR J		1.2 NAME		
STREET ADORESS			1.3 STREET ADDRESS		
CHY-ST-ZIF	MIAMI FL 33172		1.4 CITY - ST - ZIP		F16.
THILE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME STOCKLADERESS	MARTINEZ, JORDI 275 FONTAINEBLEAU BOULI	EVARN #250	2.2 NAME 2.3 STREET ADDRESS	To the state of th	
CITY+ST-ZIP	MIAMI FL 33172	LYAND YEAV	2.4 CITY-ST-ZIP		
THILE	THE WILL SE STATE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S!-ZIP		T Devere	3 4. CITY-ST-ZIP	**************************************	Change Addition
TITLE		DELETE	4.1 TITLE		Li Change Li Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
1016	,	☐ DELETE	5.1 TITLE	**************************************	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	:
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
THLE		DELETE	6.1 FITLE		Change Addition
NAME			6.2 NAME		
STREET AUDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. To 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 arrival report or supplymental angual 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 occiver of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1, if changed or on an attachaption with an address.

FILED

Mar 03 1997 8:00am

Secretary of State