


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company AMAZONIA INTERNATIONAL, L.C. 4747 WEST WATER AVE., #4011 TAMPA FL 33614		DOCUMENT # L98000001834	
2. Principal Place of Business 4747 WEST WATERS AVE. Suite, Apt. #, etc. # 4202 City & State TAMPA, FLORIDA Zip 33614 Country US		2a. Mailing Address 4747 WEST WATERS AVE. Suite, Apt. #, etc. # 4202 City & State TAMPA, FLORIDA Zip 33614 Country US	
3. Date Organized or Qualified 09/14/1998		3a. State of Formation FL	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQUIRE CUEVAS & RUBIN, P.A. 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002842553-3 04/15/99 *FL 88.75 ***188.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PERDOMO, JUAN	4747 W. WATER AVE., #4011	TAMPA FL
MGRM	PERDOMO, ALBERTO	4747 W. WATER AVE., #4011	TAMPA FL
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 