

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

FILED
Mar 24 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 # **M10445** (8)
1. Corporation Name
DEVOM GENERAL SERVICES, INC.

Principal Place of Business 7150 LAGO DRIVE WEST CORAL GABLES FL 33143	Mailing Address 7150 LAGO DRIVE WEST CORAL GABLES FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Ted Nelson Suite, Apt. #, etc. 22 1135 Kane Concourse City & State 23 Bay Harbor Islands, FL Zip 24 33154		2a. Mailing Address 26 c/o Ted Nelson Suite, Apt. #, etc. 27 1135 Kane Concourse City & State 28 Bay Harbor Islands, FL Zip 29 33154		3. Date Incorporated or Qualified 01/24/1985	
		4. FEI Number 59-2777042		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CIPRIANI, MARISE P.F., DRA. 7150 LAGO DRIVE WEST CORAL GABLES FL 33143		10. Name and Address of New Registered Agent 81 Name Theodore R. Nelson 82 Street Address (P.O. Box Number is Not Acceptable) 1135 Kane Concourse 83 84 City Bay Harbor Islands FL 85 Zip Code 33154	
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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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANA, OMAR	1.2 NAME	
STREET ADDRESS	RUA ALMTE PEREIRA GUIMARAES, 257	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP BR	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANI, MARISE P.F., DR	2.2 NAME	Marise Cipriani
STREET ADDRESS	7150 LAGO DRIVE WEST	2.3 STREET ADDRESS	855 Timber Lane
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Boulder, CO 80304
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

[Signature]

3/14/98

3034129666

CR2E034 (10/97)