

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004521 (9)
 1. Corporation Name
EVITA-INTERNATIONAL FOUNDATION, INC.



Principal Place of Business 10 N.W. 87TH AVE., STE. B-216 MIAMI FL 33172	Mailing Address 10 N.W. 87TH AVE., STE. B-216 MIAMI FL 33172-4535
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3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 08/27/1996
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2. Principal Place of Business 21 471 N.W. 82 Ave. Suite, Apt. #, etc. 22 Unit 718 City & State 23 Miami - Florida Zip 24 33126	2a. Mailing Address 26 471 N.W. 82 Ave. Suite, Apt. #, etc. 27 Unit 718 City & State 28 Miami - Florida Zip 29 33126	Country 25 U.S.A.	Country 30 U.S.A.
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4. FEI Number 65-0691372	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ECHAURI, FRANCIS R
10 N.W. 87TH AVE., STE. B-216
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	471 N.W. 82 Ave.
83	Unit 718
84 City	Miami
85 State	FL
86 Zip Code	33126

11. Pursuant to the provisions of Sections 617.0500 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *Francis Echaury* DATE: **5/27/97**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ECHAURI, FRANCIS R
STREET ADDRESS	10 N.W. 87TH AVE., STE. B-216
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> DELETE
NAME	MUNOZ, JORGE R
STREET ADDRESS	10 N.W. 87TH AVE., STE. B-216
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> DELETE
NAME	VARGUS, ALEXANDER
STREET ADDRESS	15016 S.W. 80 TERRACE
CITY-ST-ZIP	MIAMI FL 33193
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	471 N.W. 82 Ave., unit 718
1.4 CITY-ST-ZIP	MIAMI FL 33126
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	471 N.W. 82 Ave., unit 718
2.4 CITY-ST-ZIP	MIAMI FL 33126
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)