
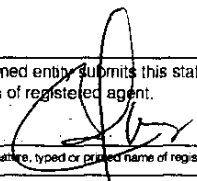
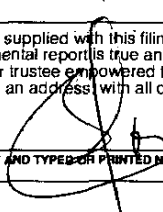


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90170 040 ***150.00

DOCUMENT # P01000121553 1. Entity Name ARCON INTERNATIONAL CORPORATION																																																																																																																																																											
Principal Place of Business 525 N.W. 27TH AVENUE 206-B MIAMI, FL 33125			Mailing Address 525 N.W. 27TH AVENUE 206-B MIAMI, FL 33125																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
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Country		Country		4. FEI Number 80-0003214																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent PEREZ, BERANARDO F 525 N.W. 27TH AVENUE, APT 206-B MIAMI, FL 33125				7. Name and Address of New Registered Agent Name PEREZ, BERNARDO E. Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 27TH AVENUE, SUITE 206-B City MIAMI FL Zip Code 33125																																																																																																																																																							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>P. PEREZ, BERNARDO F</td> <td></td> <td></td> <td>P. PEREZ, BERNARDO E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>525 N.W. 27TH AVENUE, SUITE 206-B</td> <td></td> <td>STREET ADDRESS</td> <td>525 N.W. 27TH AVENUE, SUITE 206-B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI FLORIDA 33125.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>VP PINERO, DENNIS I</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>525 N.W. 27TH AVENUE, SUITE 206-B</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		P. PEREZ, BERNARDO F			P. PEREZ, BERNARDO E.		STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 206-B		STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 206-B		CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI FLORIDA 33125.								TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		VP PINERO, DENNIS I					STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 206-B		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																																																																																																																																																											
SIGNATURE: 			Date: 04.29.04 Daytime Phone #: 305.649.6205																																																																																																																																																								