


2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JAN 30 PM 4:33
DOCUMENT # <u>P03000026657</u>				
1. Corporation Name <u>ANTOMAR INTERNATIONAL DEVELOPERS INC</u>				
2. Principal Office Address <u>8341 NW 64 STREET</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>8341 NW 64 STREET</u> Suite, Apt. #, etc.		
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>		
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>	
		4. Date Incorporated or Qualified To Do Business in Florida <u>03/06/2003</u>		
		5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name <u>MARIA LUISA FLORES</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8341 NW 64 STREET</u>		
Suite, Apt. #, Etc.		
City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33166</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA L. FLORES	8341 NW 64 STREET	MIAMI, FL. 33166
VP	RAFAEL A. CENNAMO	8341 NW 64 STREET	MIAMI, FL. 33166
VP	ANTONIO CENNAMO	8341 NW 64 STREET	MIAMI, FL. 33166

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 406 0085

CR2E081 (10/02)