

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037175 (5)

1. Corporation Name

PHOENIX ASSOCIATES INTERNATIONAL INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13499 BISCAYNE BLVD.
#1410
MIAMI FL 33181
US

Mailing Address

7559 N.W. 70TH STREET
MIAMI FL 33166

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FIORE, FRANK A. N
8525 N.W. 53RD TERRACE
SUITE 100
MIAMI FL 33166

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

65-0420706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

FIORE, FRANK A.

82

Street Address (P.O. Box Number is Not Acceptable)

13499 BISCAYNE BLVD., STE 1410

83

84

City

N. MIAMI

FL

85

Zip Code

33181

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS FIORE, FRANK A
CITY-ST-ZIP 8525 N.W. 53RD TERRACE, #100
MIAMI FL 33166

TITLE ☐ DELETE

NAME D
STREET ADDRESS FIORE, CAESAR F
CITY-ST-ZIP 8525 N. OAK ST., APT. 1714
ARLINGTON VA 22209

TITLE ☐ DELETE

NAME D
STREET ADDRESS BARRIOS, LEONEL M
CITY-ST-ZIP 25 METROS AL OESTE, APT. 1
SAN JOSE, COSTA RICA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS FIORE, FRANK A.
1.4 CITY-ST-ZIP 13499 BISCAYNE BLVD., #1410
N. MIAMI, FL 33181

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

15 JAN '98 (202) 940-9223

CR2E034 (1097)