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FILED
May 28 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 # P93000076536 (0)

1. Corporation Name

FASY INTERNATIONAL INC.



Principal Place of Business

4700 N.W. 7TH ST.
SUITE 240
MIAMI FL 33126-2252

Mailing Address

4700 N.W. 7TH ST.
SUITE 240
MIAMI FL 33126-2252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 415 W. 29 ST

Suite, Apt. #, etc.

22 F

City & State

23 HIALEAH - FL

Zip

24 33012

Country

25 USA

2a. Mailing Address

26 415 W. 29 ST

Suite, Apt. #, etc.

27 F

City & State

28 HIALEAH - FL

Zip

29 33012

Country

30 USA

3. Date Incorporated or Qualified

11/04/1993

4. FEI Number

65-0446228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

9. Name and Address of Current Registered Agent

ESTEVES, ANTONIO S
4700 N.W. 7TH ST.
SUITE 240
MIAMI FL 33126-2252

10. Name and Address of New Registered Agent

81 Name

ESTEVES ANTONIO S

82

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

415 W. 29 ST STE F.

83

84

City

HIALEAH

FL

85 Zip Code

33012

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

Salvino Acuna

Signature of person for printed name of registered agent (mandatory if applicable)

(NOT: Registered Agent signature required when reinstating)

5/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ESTEVES, ANTONIO S
STREET ADDRESS 4700 N.W. 7TH ST. #240
CITY-ST-ZIP MIAMI FL 33126-2252

☐ DELETE

TITLE STD
NAME DA SILVA, SALVINO A
STREET ADDRESS 4700 N.W. 7TH ST. #240
CITY-ST-ZIP MIAMI FL 33126-2252

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 *Salvino Acuna* 5/15/98

CR2E034 (10/97)