

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

PROFIT CORPORATION ANNUAL REPORT



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

1998

FILED

98 FEB 10 AM 11:23

DOCUMENT # P93000080384  
1. Corporation Name:

**AMENDED ANNUAL REPORT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAMILAS INTERNATIONAL COUSINE, INC

Principal Place of Business: 5438 INTERNATIONAL DR ORLANDO FL 32819  
Mailing Address: 5438 INTERNATIONAL DR ORLANDO FL 32819

3. Date Incorporated or Qualified: 11/22/93  
3a. Date of Last Report: 01/21/98  
4. FEI Number: 65-0449792  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 5438 INTERNATIONAL DR  
22 Suite, Apt #, etc.  
23 City & State: ORLANDO, FL  
24 Zip: 32819  
25 Country  
26 5438 INTERNATIONAL DR  
27 Suite, Apt #, etc.  
28 City & State: ORLANDO, FL  
29 Zip: 32819  
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAZILIA BRIOTE  
5438 INTERNATIONAL DR  
ORLANDO FL 32819

81 Name: MANUEL BRIOTE  
82 Street Address (P.O. Box Number is Not Acceptable): 5438 INTERNATIONAL DRIVE  
83  
84 City: ORLANDO FL 85 Zip Code: 32819

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: *Manuel Briote* (Typed Name) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	BRAZILIA BRIOTE	
STREET ADDRESS	5438 INTERNATIONAL DR	
CITY-ST-ZIP	ORLANDO FL 32819	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P/D MANUEL BRIOTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MANUEL BRIOTE	
13 STREET ADDRESS	5438 INTERNATIONAL DRIVE	
14 CITY-ST-ZIP	ORLANDO, FL 32819	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 the annual report or supplementary 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: *Manuel Briote*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

*SC 2-10-98*