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

Ma:ling Address

18915 NW 80TH CT

MIAM! FL 33015-5231

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

18915 NW 80TH CT

MIAMI FL 33015

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014581 (0)

MULTHNTERNATIONAL SALES, INC.

02/22/1994 09/23/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0520664 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORENO, ISABEL C 18915 NW 80TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 84 City Zip Code 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 diapplicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MORENO, ISABEL C NAME 1.2 NAME 8915 N.W. 80TH COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP 1.4 CHY-ST-7/P VPD DELETE Change ___ Addition 21 THUE MORENO, CARLOS M NAME 2.2 NAME 18915 NW 80TH CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL DITY-ST-ZIP 2. 4 CITY - ST - ZIP DILETE Change Addition TITLE 3.17/11/8 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY - S1 - ZIP CITY-ST-2IP

I. 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 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.

4.1 HILE 4 2 NAME

5.1 10116

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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879-2m4

FILED

Apr 18 1997 8:00am

Secretary of State

3a. Date of Last Report

Change

Change

Change

Addition

Addition

Addition

3. Date Incorporated or Qualified