FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P94000060490 (7)

EAVATTI INTERNATIONAL INC

PAVAI	II INTERNATIONAL, INC.					
Principal Place of	of Business	Mailing Address			1 18411891 118 18111 61611 84111 661	
17730 N.W. 67TH AVENUE #507 Miami Fl. 33015		17730 N.W. 67TH AVI	ENUE			
		#507 MIAMI FL 33015				
MIAMI FL 3	3013	MINNI PE 55013			 Date Incorporated or Qualified 08/17/1994 	3a. Date of Last Report 05/10/1995
2. Principal Place	ce of Business .	2a. Mailing Address 26			4. FEI Number 65-0512665	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Coun	ry	This corporation has liability for in Florida Statutes Yes	X No
24	g. Name and Address of Current		122,		10. Name and Address of New Re	egistered Agent
	<u>v</u> ,	· · · · · · · · · · · · · · · · · · ·	1	11 Name		
DE ALVARADO, MARIA F			ļī	2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
17730 #507	N.W. 67TH AVENUE		1	13		
	FL 33015		-	14 City		85 Zip Code
				'		FL S Zip Godo
or rogistors	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Si ico change was amilionzi	30 07 010 0	e-named corpoi orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered diffice pintment as registered agent. I am
SIGNATURE _		(A)	TE: Dog etweet	gent signature require	ad when reinstation)	DATE
	Signature, typed or printed name of registered agent ar OFFICERS AND		13.	gy 1. 5g 555 1. 10g 1. 1	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
12. TITLE	PTD	☐ DELETE	1.1 ТИ	LF		☐ Change ☐ Addition
NAME	ALVARADO, MARIA F		1.2 NA	AE		
STREET ADDRESS	17730 N.W. 67TH AVE.		1.3 STF	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-S1			
TITLE	\$VD	☐ DELETE	2 1 717	LF		☐ Change ☐ Addition
NAME	ALVARADO, ROLANDO J		2.2 NA	ME		
STREET ADDRESS	17730 N.W. 67TH AVE.		i i	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015	P. Dr. CTC		Y-ST-ZIP		Change Addition
TITLE		☐ DELETE	3 1 11			
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 C(1	Y-ST-ZIP		☐ Change ☐ Addition
TITLE		C precie	4 2 NA			
NAME				REET ADDRESS		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5. 1 Ti			Change Addition
NAME		_	5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			B	Y-ST-ZIP	_	
TITLE		☐ DELETE	6. 1 T			Change Addition
NAME	1	_	62 N/	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				1Y-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 18 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

**SIGNATURE*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)