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

FILED **PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra S. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000075638 (4) DOCUMENT # ARVE INTERNATIONAL, INC. Principal Place of Business Mailing Address 7148 S.W. 103RD CT. CIRCLE 7148 S.W. 103RD CT. CIRCLE MIAMI FL 33173 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0526315 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Žip Country Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 20 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PEREZ. MARCELA 7148 S.W. 103RD CT. CIRCLE Street Address (P.O. Box Number is Not Acceptable) **B2** MIAMI FL 33173 83 84 City 85 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 if applicable (NOTE, Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE PEREZ, MARCELA 1.2 NAME MALE 7148 S.W. 103RD CT. CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33173 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LEON, ADA 2.2 NAME NAME 13872 S.W. 90TH AVE. APT. FF210 2.3 STREET ADORESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ■ Addition TITLE 5.1 TITLE NAME 5 2 NAME

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:

6.4 CITY-ST-ZIP

5 3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition