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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400078490 (7)

	LNATION INTERNATIONAL,					
Principal Plac	e of Business	Mailing Address				10 18:10 83000 10011 0311 1001
18350 N.W. 2		18350 N.W. 2ND AVE				
#401	THE STATE	#401				
MIAMI FL 33169		MIAMI FL 33169		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 10/24/1994 	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0552809	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Coun	ıry	8. This corporation owes or has paid the cur	
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered (Yes X No
		it unfligitation whelit		1 Name	10. Hame sale Address of New Hagistered	- Agoist
	MASOGIE, PHILIP		Ľ	1100		
3404 SHERATON PL			[€	Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIRAMAR FL 33025			-	13		
1			`	"		i
•			8	4 City	FL	85 Zip Code
11 Purguent	to the provinces of Sections 607 066	22 and 607 1609 Florida Status	loo the obe	l nomod oc		abanaina ita ragistarad
ſ	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized lorida Statul	by the corpor tes.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO)	F Registered	gent signature rec	quired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VP	☐ DELETE	1.5 TITL	E		Change Addition
NAME	OVIASOGIE, PURIFICACION		1.2 NAM	E .		
STREET ADDRESS	3404 SHERATON PLACE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CITY	-ST-ZIP	<u> </u>	
TITLE	P	☐ DELETE	2.1 T(TL)			☐ Change ☐ Addition
NAME	OVIASOGIE, PHILIP		2.2 NAM	E		ļ
STREET ADDRESS	3404 SHERATON PLACE		2 3 STR	ET ADDRESS	v + +	
CITY-ST-ZIP	MIRAMAR FL 33025		2. 4 0(1)	(-ST-ZIP		
TITLE		☐ DELETE	3.1 TiTL	E		☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	et address		
CITY-ST-ZIP			3.4 CITY	- ST - ZIP		
TITLE	•	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN	AF.		
STREET ADDRESS			4.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITLI	<u> </u>		☐ Change ☐ Addition
NAME			5.2 NAM	E		1
STREET ADDRESS			5.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 T(T)			☐ Change ☐ Addition

64 CITY-S1-ZIP

14. Thereby 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 chapted, or fin an attachment with an address.

SIGNATURE: + MALA LONIGNOMO PHILIP OVIASOGIE 4/27/98 654-0251

CR2E034 (10/97)

FILED

May 06 1998 8:00am

Secretary of State