

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082906 (6)
1. Corporation Name
RETRAVO, INC.

Principal Place of Business 1540 E. COMMERCIAL BLVD. SUITE B FT. LAUDEDALE FL	Mailing Address 1540 E. COMMERCIAL BLVD. SUITE B FT. LAUDEDALE FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15206 Oak Chase Court Suite, Apt. #, etc. 22 City & State 23 Wellington, FL 24 Zip 33414		2a. Mailing Address 25 15206 Oak Chase Court Suite, Apt. #, etc. 27 City & State 28 Wellington, FL 29 Zip 33414		3. Date Incorporated or Qualified 11/09/1994	
2. Principal Place of Business 21 15206 Oak Chase Court Suite, Apt. #, etc. 22 City & State 23 Wellington, FL 24 Zip 33414		2a. Mailing Address 25 15206 Oak Chase Court Suite, Apt. #, etc. 27 City & State 28 Wellington, FL 29 Zip 33414		4. FEI Number 65-0538413 Applied For Not Applicable	
2. Principal Place of Business 21 15206 Oak Chase Court Suite, Apt. #, etc. 22 City & State 23 Wellington, FL 24 Zip 33414		2a. Mailing Address 25 15206 Oak Chase Court Suite, Apt. #, etc. 27 City & State 28 Wellington, FL 29 Zip 33414		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 15206 Oak Chase Court Suite, Apt. #, etc. 22 City & State 23 Wellington, FL 24 Zip 33414		2a. Mailing Address 25 15206 Oak Chase Court Suite, Apt. #, etc. 27 City & State 28 Wellington, FL 29 Zip 33414		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 15206 Oak Chase Court Suite, Apt. #, etc. 22 City & State 23 Wellington, FL 24 Zip 33414		2a. Mailing Address 25 15206 Oak Chase Court Suite, Apt. #, etc. 27 City & State 28 Wellington, FL 29 Zip 33414		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

HEINZ RENZ
1540 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

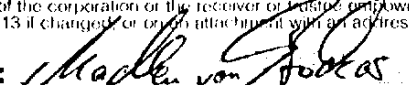
81 Name Thomas van STOCKAR	82 Street Address (P.O. Box Number is Not Acceptable) 15206 Oak Chase Court	83	84 City Wellington	85 Zip Code FL 33414
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  Thomas van Stockar 2-6-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VON STOCKAR, THOMAS 1540 E. COMMERCIAL BLVD-SUITE B FT. LAUDERDALE FL 33334 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD VON STOCKAR, THOMAS 15206 Oak Chase Court Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RENZ, HEINZ 1540 E. COMMERCIAL BLVD-SUITE B FT. LAUDERDALE FL 33334 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VON STOCKAR, MADLEN 1540 E. COMMERCIAL BLVD-SUITE B FT. LAUDERDALE FL 33334 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD VON STOCKAR, MADLEN 15206 Oak Chase Court Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 holder 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:  Madlen van Stockar 2-9-98 (561) 753-6319

CR2E034 (10/97)