**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000015321 (9) ANTIQUES INTERNATIONAL, INC. Principal Place of Business Mailing Address 4676 S.W. 72ND AVE. 4676 S.W. 72ND AVE. MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1995 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 65-0559144 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 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. \_\_\_ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name OLIVA, CARLOS M 4676 S.W. 72ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City Zip Code 85 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 registured 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 (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE OLIVA, CARLOS M 1.2 NAME NAME 4676 S.W. 72ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE Eabral, Hugo C. NAME 2.2 NAME 46765W72 Ave. 23 STREET ADDRESS STREET ADDRESS MIAMI P1. 33155 CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TPLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

3/23/98

Change

Addition

3P2E034