

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

APPROVED
AND
FILED

1998 MAR -9 AM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
888 AMENDED ***

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022501
1. Corporation Name

SINTRA CORP.

Principal Place of Business Mailing Address

2357 S.W. 22 STREET
MIAMI, FLORIDA 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MARCH 21, 1995

2. Principal Place of Business 21 2357 S.W. 22 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33145	2a. Mailing Address 26 2357 S.W. 22 STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33145	4. FEI Number 65-0569653 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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
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9. Name and Address of Current Registered Agent

PRISCILLA VARGAS, ESQ.
VARGAS & ZION
2222 PONCE DE LEON BOULEVARD
6TH FLOOR
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name
ALVARO P. B. DA COSTA
82 Street Address (P.O. Box Number is Not Acceptable)
2357 S.W. 22 STREET
83
84 City
MIAMI FL 85 Zip Code
33145

11. Pursuant to the provisions of Section 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

PRESIDENT, SECRETARY, TREASURER

12/24/98

Signature based on change of name of registered agent and title if applicable

(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 PRESIDENT, S, T ALVARO P.B. DA COSTA 2357 S.W. 22 STREET MIAMI, FLORIDA 33145 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP V EILEEN VARGAS 2357 S.W. 22 STREET MIAMI, FLORIDA 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input 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 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input 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 supplementary 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 person 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 a new addition with an address.

SIGNATURE:

PRESIDENT, SECRETARY, TREASURER

(305) 856-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)