

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000030571 (0)**

1. Corporation Name

**MAVELA INC.**

Principal Place of Business

**7925 NW 12TH STREET STE 324  
MIAMI FL 33126**

Mailing Address

**7925 NW 12TH STREET STE 324  
MIAMI FL 33126**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**27** City & State

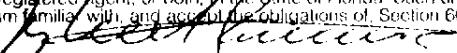
**28** Zip

9. Name and Address of Current Registered Agent

**ROMERO, LUIS  
7925 NW 12TH STREET STE 324  
MIAMI FL 33126**

12. OFFICERS AND DIRECTORS

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 

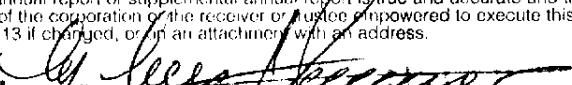
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, LUIS</b>		1.2 NAME
STREET ADDRESS	<b>7925 NW 12TH STREET STE 324</b>		1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33126</b>		1.4 CITY-ST-ZIP
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE ROMERO, ESPERANZA S</b>		2.2 NAME
STREET ADDRESS	<b>7925 NW 12TH STREET STE 324</b>		2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33126</b>		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE 

FILED  
May 14 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/19/1995</b>	<input type="checkbox"/> Applied For <b>65-0577919</b>	<input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0577919</b>	<input type="checkbox"/> Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<input type="checkbox"/> Yes	<b>\$5.00 May Be Added to Fees</b>
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/>	<input type="checkbox"/> No	

CR2E034 (10/97)