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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000033940 (4)

DEPAULA INTERNATIONAL, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			19 40 1210 11111 DIWII 4011 1001
,	-			
7275 NW 12TH STREET MIAMI FL 33128	7275 NW 12TH STREET MIAMI FL 33126			
US	US		DO NOT WRITE IN THIS	SPACE
"	••		3. Date Incorporated or Qualified	
			05/02/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7311 NW 12 St.	26 7311 NW	125t	65-0577437	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 00	27 30		5. Certificate of Status Desired	Fee Required
City & State	City & State	CI	6. Election Campaign Financing	\$5.00 May Be
23 Miami, Pl	28 Miami,	<i>[1]</i>	Trust Fund Contribution	Added to Fees
Zip Country	Zip 22.2.	Country OS A	8. This corporation owes or has paid the cu	
24 33176 25	1	0 037		Yes No
9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered	Agent
DE PAULA, PAULO R		81 Name		
9345 S.W. 77 AVE. SUITE #206	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156				
		83		
		84 City		85 Zip Code
		[44] 510,	FL	. 5
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose o	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: Typod or printed name of registered agent a	and the it applicable (NOTE	Registered Agent signature requi	rea when reinstating) DATE	
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE P	☐ DELETE	1.1 TITLE		Change Addition
NAME DE PAULA, PAULO R		1.2 NAME		
STREET ADDRESS 9345 S.W. 77 AVE. SUITE #21	06	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33156		1.4 CITY - ST - ZIP		
TITLE	☐ DELETÉ	2.1 TITLE	•	☐ Change ☐ Addition
NAME KERTESZ, DENISE M		2.2 NAME		
STREET ADDRESS 1585 WEST AVENUE #110		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL 33139		2 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TULE		Change 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		Section 119.07(3)(i), Florida Statutes, I further of	ertify that the information

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the carporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in