


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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000042985 (8) 1. Corporation Name MVR INTERNATIONAL, INC.		



Principal Place of Business 7580 SOUTHGATE BLVD 33 N LAUDERDALE FL 33068 US	Mailing Address 0400 N UNIVERSITY DR SUITE 207 TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
4. FEI Number 65-0586292	
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	

9. Name and Address of Current Registered Agent KHALLOUQI, MIKKI 0400 N UNIVERSITY DR SUITE 207 TAMARAC FL 33321 <i>address change</i>		10. Name and Address of New Registered Agent 81 Name KHALLOUQI MIKKI 82 Street Address (P.O. Box Number is Not Acceptable) 7580 SOUTHGATE BLVD # 33 83 84 City N. LAUDERDALE FL 85 Zip Code 33068	
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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 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	KHALLOUQI MIKKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALLOUQI, MIKKI	1.2 NAME	
STREET ADDRESS	8332 S CORAL CIRCLE	1.3 STREET ADDRESS	5615 NW 108 Terr.
CITY-ST-ZIP	NO LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	CORAL SPRING FL 33076
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	KHALLOUQI VERA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALLOUQI, VERA	2.2 NAME	
STREET ADDRESS	8332 S CORAL CIRCLE	2.3 STREET ADDRESS	5615 NW 108 Terr
CITY-ST-ZIP	NO LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	CORAL SPRING FL 33076
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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 on an attachment with an address.

SIGNATURE _____
4-16-98

CR2E034 (10/97)