

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058730 (9)

1. Corporation Name

SUAVEX INC.



Principal Place of Business

169 HARBOR DRIVE
KEY BISCAYNE FL 33149

Mailing Address

169 HARBOR DRIVE
KEY BISCAYNE FL 33149

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FFL Number

65-0202543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0500 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

Signed by the person or persons designated as the registered agent.

Only Registered Agents are required to sign this statement.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SUAREZ-MURIAS, VICTORIA
STREET ADDRESS 169 HARBOR DRIVE
CITY-STATE-ZIP KEY BISCAYNE FL 33149

TITLE President
NAME JOSE SUAREZ-MURIAS
STREET ADDRESS 169 HARBOR DR.
CITY-STATE-ZIP KEY BIS, FLA 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)