

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JUN 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name	P95000058730
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SUAVEX, INC.

Principal Place of Business: 169 Harbor Drive Key Biscayne FL 33149	Mailing Address: 169 Harbor Drive Key Biscayne FL 33149
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 7-31-95
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4. FEI Number 650202543	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent VICTORIA SUAREZ-MURIAS 169 Harbor Drive Key Biscayne, FL 33149

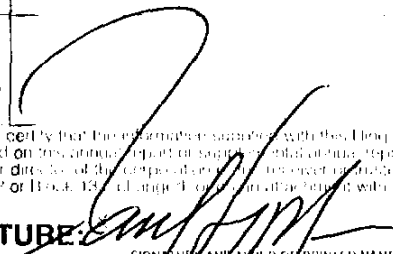
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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.

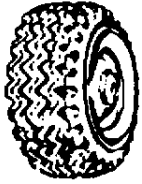
SIGNATURE _____ DATE _____
(Signature of Registered Agent required when registering) (Signature of Registered Agent required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RAUL SUAREZ-MURIAS	12 NAME	
STREET ADDRESS	169 Harbor Drive	13 STREET ADDRESS	
CITY- ST- ZIP	Key Biscayne, FL 33149	14 CITY- ST- ZIP	
TITLE	DST	21 TITLE	
NAME	VICTORIA SUAREZ-MURIAS	22 NAME	
STREET ADDRESS	169 Harbor Drive	23 STREET ADDRESS	
CITY- ST- ZIP	Key Biscayne, FL 33149	24 CITY- ST- ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I hereby certify that the information submitted with this filing 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, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, or change of name attached with an address.

SIGNATURE  RAUL SUAREZ-MURIAS 6-10-98 305 361-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)



SUAVEX INC

EXPORT DIVISION

June 10, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SUAVEX, INC.

Attn: Mrs. Milligan

Gentlemen:

I would like to inform you that I was unable to file the 1998 Annual Report because I have been undergoing tests on a serious condition which will require surgery.

Please accept my apologies. Enclosed is check No. 0098 in the amount of \$158.75 dated 6-10-98 covering the Annual dues.

Thank you for your assistance.

Sincerely,

Victoria Searcy Murias, Secretary/Agent
SUAVEX, INC.