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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074109 (6)

SANDOVAL INTERNATIONAL CORPORATION

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address															
9530 CASTLE	•	CASTLEFORD POINT													
ORLANDO FL 32836					ORLANDO FL 32836							DO NOT WRITE	E INITHIQ	SDACE	
US										ŀ	3. Date Incorpora		L IN IT IIO	31 AOL	
											09/25/199				
2. Principal Pl	lace of Busi	noss		28	. Mailing	Address					4. FEI Number	<u> </u>		ПА	pplied For
21	/			26						ĺ	59-33529	20		-	lot Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.								" '		\$8.75	Additional
22]				27							5. Certificate of S	tatus Desired		Fee R	lequired
City & State				City & State							6. Election Campa	aign Financing	_	\$5.00	May Be
23	<u>-</u>			28							Trust Fund Cor	ntribution		Added	to Fees
Zip		 -	untry	-	Zip		_	Country	1		8. This corporatio	•			
24	A Name	25	Idress of Current	29	ntornd Ad	nont	30	1			10. Name and Add	orty Tax due Jun			<u> </u>
	_ -			negii	BIGIOU A	Jenn		81	Name		10, Italia and Ad	31033 OT 11047 11	- Gieroi co	- Agoint	
	INDOVAL,														
9530 CASTLEFORD POINT ORLÁNDO FL 32836								82	2 Street Addre		s (P.O. Box N umbe	r is Not Accepta	ble)		
OF	HUMNUU F	L 3283	5					83							
								84	City				FL	85 Zip	Code
44 Pureuant	to the provi	sions of	Sections 607 0502	and f	607 1508	Florida St	atutes.	the abov	L e-named i	corpor	ation submits this s	tatement for the	DUMOSA O	t l Changing	its registered
office or r	enistered a	nont or	both, in the State of accept the obligat	f Flor	ida Such	i change v	∕as auth	iorized bi	v the corp	oration	's board of director	rs. I hereby acce	pt the app	ointment as	s registered
•	ım tamıllar w	/itn, ano	accept the obligat	ions c	ar, secuor	007.000), FlOHa	a Statute	5.						
SIGNATURE	Slonature, type	d or printed	name of registerno agent	and liti	e if applicabl	lo	(NOTE Re	gistered Ag	ent signature i	required	when reinstating)		DATE		
12.			OFFICERS AND				· · · 1	13.			ADDITIONS/CH	ANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	PSD					DELETE		1.1 TITLE						Change	Addition
NAME	SAND	DVAL, N	MAURICIO R					1.2 NAME							
STREET ADDRESS	95 30 (CASTLE	FORD POINT					1.3 STREE	ADDRESS						
CITY-ST-ZIP	ORLAN	IDO FL	32836					1.4 CITY-	ST-ZIP						
TITLE	VTD					☐ DELETE		2.1 TITLE	i					Change	☐ Addition
NAME		OVAL, L						2.2 NAME	1						
STREET ADDRESS	-		FORD POINT					23 STREE	I ADDRESS						
CITY-ST-ZIP	ORLAN	100 FL	32836			DELETE		2. 4 CITY-	ST-ZIP					Change	Addition
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NAME								3.2 NAME							
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STREET ADDRESS									T ADDRESS						
								4.4 CITY-							
CITY-ST-ZIP TITLE						DELETE		5.1 TITLE	V. 4H	· · · -				Change	☐ Addition
NAME								5.2 NAME							
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CITY-ST-ZIP								5.4 CITY-	ST-ZIP						
TITLE						DELETE		6.1 TITLE						Change	Addition
NAME			\sim				\wedge	6.2 NAME							
STREET ADDRESS			1)			i	/ \	6.3 STREE	1 ADDRESS						
CITY-ST-ZIP								6.4 CITY -		<u> </u>					
14. I hereby o	certify that ti	he inforn	nation supplied wit	h this	filing doc	es not qua	lify (brit) accura	he exemplie and the	otion state	ed in Si inature	ection 119.07(3)(i), shall have the sam	Florida Statutes. e legal effect as	I further co if made up	artify that th ider oath: tl	ie information hat I am an
officer or	director of t	he corpo	oration or the recei	ver o	r trustee o	empower	d to exe	cute this	report as	requir	shall have the samed by Chapter 607,	Florida Statutes	; and that	my name a	ppears in
Block 12	or Block 13	it chang	ed, or on ar attac	nmen	ı wımanı	acoress.	/				1		,		