

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90037 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000094636**

1. Corporation Name
NORTH SOUTH INTERNATIONAL INC.

Principal Place of Business
 640 COLLINS AVE.
 MIAMI BEACH FL 33139
 US

Mailing Address
 640 COLLINS AVE.
 MIAMI BEACH FL 33139
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1995

4. FEI Number
65-0625703 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BNLVD,
SUITE 211
PALM BEACH GARDENS FL 33418

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 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP DELETE
 NAME AIRALA, CHRISTINE
 STREET ADDRESS 1775 WASHINGTON AVE. #108
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MD DELETE
 NAME AIRALA, SUSANA
 STREET ADDRESS 1775 WASHINGTON AVE., #108
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. Change Addition
 1.2 NAME AIRALA, CHRISTINE
 1.3 STREET ADDRESS 1775 WASHINGTON AVE. #108
 1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE President (P) Change Addition
 2.2 NAME Manuel Airala
 2.3 STREET ADDRESS 56-S. Hibiscus Drive
 2.4 CITY-ST-ZIP Miami Beach, FL 33139

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: Christine Airala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99 305-534-6494
Date Daytime Phone #

CR2E034 (1/98)