## 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

## DOCUMENT # P96000003425 (1)

## **FILED** Feb 06 1998 8:00am Secretary of State

SINCO	INTERNATIONAL CORPOR	IATION			
Principal Plac	e of Business	Mailing Address			Stas tillt 81670 tisst 8616 t04:
780 NW LEJEUNE ROAD 780 NW LEJEUNE ROAD					
STE 616 STE 616 MIAMI FL 33126 MIAMI FL 33126				DO NOT WRITE IN THI	S SPACE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INFRIM TE OVIÇO		3. Date Incorporated or Qualified	
				01/10/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0645434	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ERATORE, MICHAEL J		81 Name		
788 NW LEJEUNE ROAD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
STE 616					
M1/	AMI FL 33126		83		
			84 City	<u></u>	85 Zip Code
				F	
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such chance was a	s, the above-named corp uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE					
12.	Signature, typed or printed name of registered ag	nent and title if applicable. (NOTE:	Registered Agent signature require 13.	red when refinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	<del></del>
TITLE	D	DELETE	1,1 TITLE	ADDITIONS/OFFAINGES TO OFFICERS A	Change Addition
NAME	JUNIOR, NEY S		1.2 NAME		onengo
STREET ADDRESS	AV. SEMAMBETIBA 3600		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIO DE JANEIRO BRAZIL		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE	<del></del>	Change Addition
NAME	COSTA, FERNANDO S	<del></del>	2.2 NAME		
STREET AL DRESS	AV. SEMAMBETIBA 3600		2.3 STREET ADDRESS		ļ
CITY-ST-JP	RIO DE JANEIRO BRAZIL		2. 4 CITY - ST- ZIP		
TITLE		1-1	21 1 VIII 47 MI		
NAME		☐ DELETE	3.1 TITLE		Change Addition
DWANNE	11	Ĺ_Ĵ DELETE .	3.1 TITLE 3.2 NAME		Change Addition
STREET AUDRESS		L_I DELETE .			Change Addition
·		☐ DELETE ,	3.2 NAME		Change Addition
STREET AUDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		Change Addition
STREET AUDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
STREET ACDRESS CITY+ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE		
STREET ACORESS  CITY-ST-ZIP  TITLE  NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		
STREET AUDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
STREET AUDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ALDRESS CITY-ST- (IP TITLE NAME STREET ADDRESS CITY-ST- ZIP TITLE		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition  Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ALDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition

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 incleated 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.

SIGNATURÉ: