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

PROFIT CORPORATION ANNUAL REPORT

1998

RAMOS, JOSE L. 5381-B HOFFNER AVE

ORLANDO FL 32812



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009522 (9)

9. Name and Address of Current Registered Agent

BIBELOT INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 5135 INTERNATIONAL DR. 5135 INTERNATIONAL DR. UNIT 3 ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3365861 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29

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

City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typod or proted narror of registered agent and side of application (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD DE	LETE	11 TITLE	Change Addition
NAME	ALVES, NILCIENE MARCI		1.2 NAME	
STREET ADDRESS	7440 HERRICKS LOOP		1.3 STREET ADDRESS	
City-St-ZiP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VSD DE	LETE	21 TITLE	Change Addition
NAME	Martins, Maria Helena		2.2 NAME	
STREET ADDRESS	7629 CHAPEL HILL DRIVE		2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	
TITLE	DE	LETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE	☐ DE	LETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	☐ ĎÉ	LETE	5.1 TITLE	Change Addition
HAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE	DE	LETE	6.1 TRTLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST. 7IP			S A CITY - ST. 7ID	

14. Thereby 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 emporaged 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 appellachment with an address.

SIGNATURE:

04107)98 (407)3706465

FILED

Apr 14 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

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

Zip Code

65