


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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90023 030 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000014898</b>					
1. Corporation Name <b>A.V.P. INTERNATIONAL, INC.</b>					
Principal Place of Business 7217 E. COLONIAL DR SUITE 216 ORLANDO FL 32807 US			Mailing Address 7217 E. COLONIAL DR SUITE 216 ORLANDO FL 32807 US		
2. Principal Place of Business 21 <b>3043 Curry Ford Road</b> Suite, Apt. #, etc. 22 <b>Suite 3</b> City & State 23 <b>Orlando, Florida</b> Zip 24 <b>32806</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>02/14/1996</b>	
				4. FEI Number <b>59-3409428</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>VON PELET, ALEXANDER</b> 7217 E. COLONIAL DR SUITE 216 ORLANDO FL 32807			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3043 Curry Ford Road</b> 83 <b>Suite 3</b> 84 City <b>Orlando</b> 85 Zip Code <b>FL 32806</b>		
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 <u><i>Alex G. Pelet</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-30-99</u>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>VON PELET, ALEXANDER</b>	1.2 NAME			
STREET ADDRESS	<b>12815 MARIBOU CIR</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

407-898-8262

Daytime Phone #

CR2E034 (11/98)