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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P9600 NTERNATIONAL, INC.	00022295	5 (5)					
Principal Place of Business Mailing Address							1910 \$10 1040	BARK BARK ARBE
2341 SW 921 MIAMI FL 33 US	ND PLACE	2341 SW 92ND PLACE MIAMI FL 33165 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						03/08/1996		
	Place of Business	2a. Mailing Ad	dress			4. FEI Number	P	Applied For
21		26				65-0650123		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Regulred
City & Stat		City & Stat	e			6. Election Campaign Financing		May Be
23	26					Trust Fund Contribution		May Be Ito Fees
Zip	Country			Country	у	8. This corporation owes or has paid the c	urrent year fr	ntangible
24	25	29	3	0		Personal Property Tax due June 30.		□ No
 _	9. Name and Address of Curr	ent Registered Agen	t			10. Name and Address of New Registered	1 Agent	
	NZAQUEN, ALFONSE			81	Name			
2501 BRICKELL AVENUE STE 807				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33129				83	ļ			<u>-</u>
 				63	ļ			
				84	City	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Flo	rida Statutes	the abov	e-named cor			its registered
office or i	registered agent, or both, in the Sta	ite of Florida. Such chi	ange was aut	horized b	y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment a	s registered
1	im igniliar with, and accept the ob-	igations of, Section 60	iz.uouo, Fiorio	da Statute	S.			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE F	Registered Ag	ont signature requ	ured when reinstating) DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PV		DELETE	1.1 TITLE			L Change	Addition
NAME	BENZAQUEN, ALFONSO			1.2 NAME				
STREET ADDRESS	2341 SW 92ND AVE			1.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL		OCI CTE	1.4 CITY - 5	ST - ZIP		1 01	Thanks.
TITLE		Ļ J	DELETE	2 1 1ITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	Į.			
CITY-ST-ZIP			DELETE	2.4 GITY- 3.1 TITLE	ST-ZIP		Change	Addition
NAME			011070	3.2 NAME			onango	7,000,000
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY -				
TITLE			DELETE	4.1 TITLE	V. L		Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CiTY+5	ST-ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - 9	31 - ZIP			
TITLE			DELETE	61 TITLE			☐ Change	Addition
NAME				62 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			

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 supplied 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 following 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 disappet, error an attackpoint with an address.

305-608-5653

6.4 C(TY - ST - Z(P

FILED

Jan 29 1998 8:00am

Secretary of State