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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026406 (4)

CFL INTERNATIONAL, INC.

MIAMI FL 33176				. • -	AVENUE	
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FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9420 S.W. 106 AVENUE MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0656144 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the currept year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SUAREZ, FRANCISCO J 9420 SW 106 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 85 Zip Code 84 City 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 (NOTF: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE 1.1 TITLE Change Addition TITLE NAME SUAREZ, FRANCISCO J 1.2 NAME STREET ADDRESS 9420 SW 106 AVE 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE TITLE Change Addition 21 TITLE SUAREZ, LILLIAN C 2.2 NAME 9420 SW 106 AVE STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP miami fl 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

CITY-ST-ZIP 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 truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CiTY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

4/29/98 305-821-7664

Change

Change

Addition

Addition