

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

FILED

**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037375 (8)

1. Corporation Name
SEALANT INTERNATIONAL, INC.



Principal Place of Business
~~15257 S.W. 111TH ST.
MIAMI FL 33196~~

Mailing Address
~~15257 S.W. 111TH ST.
MIAMI FL 33196-4523~~

3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1211 S.W. 139th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1211 S.W. 139th Avenue Suite, Apt. #, etc.
22 City & State 23 Miami, Florida	27 City & State 28 Miami, Florida
24 Zip 33184 25 Country USA	29 Zip 33184 30 Country USA

9. Name and Address of Current Registered Agent FERREIRA, CARLOS 15257 S.W. 111TH ST. MIAMI FL 33196	10. Name and Address of New Registered Agent 81 Name Miami Corporate Systems, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 5200 Blue Lagoon Drive, Suite 700 83 84 City Miami 85 Zip Code FL 33126
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERREIRA, CARLOS		1.2 NAME	CAYON, MAURICIO
STREET ADDRESS 15257 S.W. 111TH ST.		1.3 STREET ADDRESS	1211 S.W. 139th Avenue
CITY-ST-ZIP MIAMI FL 33196		1.4 CITY-ST-ZIP	Miami, Florida 33184
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PACHECO, JOSEPH
STREET ADDRESS		2.3 STREET ADDRESS	16055 N.W. 64 Avenue, #116
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33184
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	

14. I do 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 checked, or on an appointment with an address.

SIGNATURE: *[Signature]* **Mauricio Cayon, President (305) 388-6955**

CR2E034 (9/96)