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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000039869 (8)

1. Corporation Name
F & A INTERNATIONAL, INC.



Principal Place of Business
**10401 W. BROWARD BLVD., STE. 207
 PLANTATION FL 33324**

Mailing Address
**10401 W. BROWARD BLVD., STE. 207
 PLANTATION FL 33324-2122**

3. Date Incorporated or Qualified **05/09/1996** 3a. Date of Last Report

2. Principal Place of Business

21 **6405 NW 36 ST.**

Suite, Apt. #, etc.

22 **202 E**

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33166**

Country

25 **USA**

2a. Mailing Address

26 **6405 NW 36 ST.**

Suite, Apt. #, etc.

27 **202 E**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33166**

Country

30 **USA**

4. FEI Number **65-0681815** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SANCHEZ, FABIOLA
 10401 W. BROWARD BLVD., STE. 207
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SANCHEZ, FABIOLA	
STREET ADDRESS	10401 W. BROWARD BLVD., STE. 207	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LEON, ALDO G	
STREET ADDRESS	10401 W. BROWARD BLVD., STE. 207	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, FABIOLA	
1.3 STREET ADDRESS	7001 NW 16 ST, SUITE A-420	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33313	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEON, ALDO G.	
2.3 STREET ADDRESS	311 NW 87th DR, SUITE 214	
2.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: **04/28/97** **(305) 871-7003**

CR2E034 (9/96)