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Jul 09 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000062738 (5)</b> 1. Corporation Name <b>STEFANINI INTERNATIONAL, INC.</b>					
Principal Place of Business <b>9050 PINES BLVD SUITE 210 PEMBROKE PINES FL 33024</b>			Mailing Address <b>9050 PINES BLVD SUITE 210 PEMBROKE PINES FL 33024</b>		
2. Principal Place of Business 21 <b>801 Brickell Ave</b> Suite, Apt. #, etc. 22 <b>9th floor</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>801 Brickell Ave</b> Suite, Apt. #, etc. 27 <b>9th floor</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b>		Country 25 <b>USA</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>RABENSEIFNER, HANNA 6227 S.W. 135 AVENUE MIAMI FL 33183</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>905 Brickell Bay Dr. #1831</b> 83 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</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 <i>Hanna Rabenseifner</i> <b>7/6/98</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>STEFANINI, MARCO ANTONIO S</b> STREET ADDRESS <b>9050 PINES BLVD, SUITE 210</b> CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b> TITLE <b>(BUSINESS DIRECTOR)</b> <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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <b>(BUSINESS DIRECTOR)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>BENDORAITIS, RICARDO</b> 2.3 STREET ADDRESS <b>801 Brickell Ave, 9th floor</b> 2.4 CITY-ST-ZIP <b>Miami, FL 33131</b> 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		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/26/1996</b>	
4. FEI Number <b>APPLIED FOR 65-0847228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I 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.

CR2E034 (10/97)

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