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

PROFIT CORPORATION ANNUAL REPORT 1999	**FLORIDA DEPARTMENT OF STATE** **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083439

1. Corporation Name

REVELSTOKE INTERNATIONAL (FLORIDA) INC.

Principal Place of Business	Mailing Address
1717 N BAYSHORE DR 102 MIAMI FL 33132 US	1717 N BAYSHORE DR 102 MIAMI FL 33132 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified **10/07/1996**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **NOT APPLICABLE**	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FALSETTO, GINO 1717 N BAYSHORE DR SUITE 102 MIAMI FL 33132	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 607.0502 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: _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **FALSETTO, CLAUDIO**		1.2 NAME		
STREET ADDRESS **1717 N BAYSHORE DR #102**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE **VP**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **FALSETTO, GINO**		2.2 NAME		
STREET ADDRESS **1717 N BAYSHORE DR #102**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-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-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ *CFALSETTO* _____ *APRIL 20/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #