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Apr 01 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 # P96000086191 (9)

1. Corporation Name

INFOHOUSE INTERNATIONAL CORPORATION

Principal Place of Business

7611 SW 105 AVE.
MIAMI FL 33173

Mailing Address

7611 SW 105 AVE.
MIAMI FL 33173-2856



3. Date Incorporated or Qualified
10/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 7107 COLLINS AVE

2a. Mailing Address

26 7107 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH - FL

27 City & State

28 MIAMI BEACH - FL

24 Zip

33141

Country

25 USA

29 Zip

33141

Country

30 USA

4. FEI Number

65-0708290

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

FURTADO, LUIZ P
7611 SW 105 AVE.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name CRUZ, JOSE OCTAVIO

82 Street Address (P.O. Box Number is Not Acceptable)
1328 SW 181 AVE

83

84 City PEMBROKE PINES FL

85 Zip Code 33029

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 of 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 type 1 for printed name of registered agent and title if applicable

JOSE OCTAVIO CRUZ

MARCH 25, 97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CRUZ, JOSE O
STREET ADDRESS 7611 SW 105 AVE.
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE DT
NAME MESQUITA, VALMIR M
STREET ADDRESS PAULA MORAES 720 #320.B FORT. CE
CITY-ST-ZIP CEP. 60.155170

☐ DELETE

TITLE DS
NAME CRUZ, MARIA D
STREET ADDRESS 7611 SW 105 AVE.
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME CRUZ, JOSE OCTAVIO
1.3 STREET ADDRESS 1328 SW 181 AVE
1.4 CITY-ST-ZIP PEMBROKE PINES - FL - 33029

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE DS
3.2 NAME CRUZ, MARIA DOCARMO
3.3 STREET ADDRESS 1328 SW 181 AVE
3.4 CITY-ST-ZIP PEMBROKE PINES - FL - 33029

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE OCTAVIO CRUZ

3/25/97

Date

(305) 866-6661

Daytime Phone #

0234370

CR2E034 (9/96)