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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 11 1998 8:00am Secretary of State

1. Corporation	M INTERNATIONAL, INC.	)UU86495 (4 <sub>.</sub>	)		
Principal Plac	e of Business	Mailing Address		1 (BENNARI 198 JENNA SINI ABNUL EDISI ERNIN ABNE	IBIID BIIN DIBID IBIGI BIII IBDI
999 PONCE DE LEON BLVD. STE 715 CORAL GABLES FL 33134		999 PONCE DE LEON (			
		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 10/21/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0704851	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
PADIAL, JOSE I 999 PONCE DE LEON BLVD. STE 715 CORAL GABLES FL 33134					
			62 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		<del></del>
			0.1		
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607.1508, Florida Stati ite of Florida. Such change was igations of, Section 607.0505, F	utes, the above-named corp sauthorized by the corporati forida Statutes.	oration submits this statement for the purposion's board of directors. I hereby accept the a	a of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed maps: of registered of	need and life if applicable (NC	OTE Registered Agent signature require	ed when reinstating) DATI	F
12.		ND DIHECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PADIAL, JOSE I		1.2 NAME		
STREET ADDRESS	999 PONCE DE LEON BLVI	D. STE 715	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1 4 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ļ	ļ
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		· ·
STREET ADDRESS			3.3 STREET ADDRESS	•	İ
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY-ST-ZIP		Change Addistra
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	V *//	DELETE	6 1 TITLE		Change Addition
NAME		•	6 2 NAME		. –
STREET ADDRESS			6 3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	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 the shall have the same legal effect as if made	certify that the information

ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in