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Apr 29 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 # P96000089634 (5)

1. Corporation Name
S.F.R. INTERNATIONAL, INC.



Principal Place of Business

701 10TH ST. STE. 1
MIAMI BEACH FL 33139

Mailing Address

701 10TH ST. STE. 1
MIAMI BEACH FL 33139-8403

2. Principal Place of Business

21 446 41st STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 446 41st Street
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/31/1996

3a. Date of Last Report

4. FEI Number

65-0706698

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

City & State

23 MIAMI-BEACH FL

City & State

28 MIAMI-BEACH FL.

Zip

24 33140

Country

Zip

29 33140

Country

30

9. Name and Address of Current Registered Agent

ZAQUI, SAM
11077 BISCAYNE BLVD., STE. 200
MIAMI FL 33161

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 607.0502 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

Signature of person or persons registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE DV
NAME ZAQUI, SAM
STREET ADDRESS 701 10TH ST. APT #1
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DP
NAME ZAQUI, ALAIN
STREET ADDRESS 701 10TH ST. APT #1
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4437 Post Ave
1.4 CITY-ST-ZIP MIAMI-BEACH FL 33140

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4437 Post Ave
2.4 CITY-ST-ZIP MIAMI-BEACH FL 33140

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/97 (305) 6738977

CR2E034 (9/96)