


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90028 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102465

1. Corporation Name
FUEL SAV INTERNATIONAL, INC.

Principal Place of Business 50 MUTINY PLACE KEY LARGO FL 33037 US	Mailing Address 169 LINCOLN ROAD SUITE 318 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>169 Linclon Road, STE 320</u> Suite, Apt. #, etc. 22 <u>Miami Beach, FL</u> City & State 23 Zip 24 <u>33139-2029</u> Country 25 <u>Miami-Dade</u>	2a. Mailing Address 26 <u>169 Lincoln Road</u> Suite, Apt. #, etc. 27 <u>STE 320</u> City & State 28 <u>Miami Beach, FL</u> Zip 29 <u>33139-2029</u> Country 30 <u>Miami-Dade</u>
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3. Date Incorporated or Qualified 12/13/1996	Applied For Not Applicable
4. FEI Number 65-0713364	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAZAR, BRUCE E
2901 COLLINS AVE
MIAMI BEACH FL 33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAN RICHMOND	
STREET ADDRESS	169 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	JOHN W CONNEY	
STREET ADDRESS	169 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BCH FL	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alfredo Lowenstein	
1.3 STREET ADDRESS	169 Lincoln Road, STE 320	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139-2029	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Lazar	
3.3 STREET ADDRESS	2901 Collins Ave, STE M	
3.4 CITY-ST-ZIP	Miami Beach, FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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: *[Signature]* **VICE PRESIDENT** Date _____ 305673-1313 Daytime Phone #

CR2E034 (11/98)