

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

1

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96 000 102.698
1. Corporation Name
CUBATUR ENVIOS INC

FILED
97 DEC 31 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1901 NW 7ST SAME
MIAMI FLA 33125

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0715655		Applied For	
22 City & State		27 City & State		5. Certificate of Status Desired		Not Applicable	
23 Zip		28 Zip		6. Election Campaign Financing		8.75 Additional	
24 Country		29 Country		Trust Fund Contribution		Fee Required	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$5.00 May Be	
						Added to Fees	
						Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDUARDO N FERNANDEZ
20839 SAILFISH LN
MIAMI FLA 33189

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D-P	1.1 TITLE	
NAME	EDUARDO N FERNANDEZ	1.2 NAME	
STREET ADDRESS	20839 SAILFISH LN	1.3 STREET ADDRESS	000002392740--3
CITY-ST-ZIP	MIAMI FLA 33189	1.4 CITY-ST-ZIP	-01/07/98--01063--024
TITLE	V-P	2.1 TITLE	****165.00 ****165.00
NAME	BORIS ARENCIBIA	2.2 NAME	
STREET ADDRESS	21704 SW 95 Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA 33150	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	RODOLFO MORALES	3.2 NAME	
STREET ADDRESS	9313 NW 2 PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA 33150	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	OSCAR LOPEZ	4.2 NAME	
STREET ADDRESS	9313 NW 2 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA 33150	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

12/30/97

To The Florida Dep of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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Re: COBATOR ENVIOS INC.
P 96000702698

To Whom It Made concern
enclosed you will find my ANNUAL REPORT
To cover the Fees for The 1997 year I never
Received such Application and ask for you
To please excuse my delay and Accept my
payment. IF you should have any questions
regarding this matter please don't hesitate
To contact me at The following phone number
day (305) 783-8523 - Thank you in advance
For your prompt attention.

Sincerely
your

EDUARDO N FERNANDEZ
President