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

 PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007629 (3)

SAYONARA INTERNATIONAL TRADING, INC.

MENDEZ, ALEXANDER

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME Street Address

TITLE

NAME STREET ADDRESS

TITLE

NAME

1217 SW 11 CT., APT 115

PEMBROKE PINES FL 33025

Principal Place	o of Puringer	Mailing Address						
7173 SW 20 I	PL	7173 SW 20 PL DAVIE FL 33317	7173 SW 20 PL					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 01/27/1997		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26			65-0744689	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢ ¬			1.5 Certificate of Status Desired 1.1	5 Additional Required	
City & State		City & State	,				00 May Be led to Fees	
Zip	Country	Zip	Co	Country		8. This corporation owes or has paid the current year	Intangible	
24	25 29 30		30	,		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent		ļ.,,		10. Name and Address of New Registered Agent		
MENDÊZ, ALEXANDER 1217 SW 11 COURT APT. 115 PEMBROKE PINES FL 33025				81 Name 82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FL 85 Z	Zip Code	
office or re	to t he provisions of Sections 607.05 egistered agent, or both, in the Stat m f ami liar with, and accept the obl∘	e of Horida. Such change was	authorize	ed by	the corporati	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment	ig its registered as registered	
SIGNATURE								
				<u> </u>	it signature require	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OF FOR FIGURE			ITLE	Т	Change Additio		
NAME	MENDEZ, ALBA			1.2 NAME			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	BEOLDENOIS OF SPET ADT 4 OO			ATY-SI				
1111 F	h	DELETE	2.4 (- TIL	[] Chang	ne Artditinn	

2.2 NAME

3.1 TITLE

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

2. 4 Cily - S1 - ZIP

6.4 CITY-ST-ZIP

14. I hereby cortify 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 empowared 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.

(Hyannel)

DELETE

DELETE

DELETE

DELETE

april 27/98

FILED

May 19 1998 8:00am

Secretary of State

Addition

Addition

Addition

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