
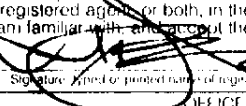
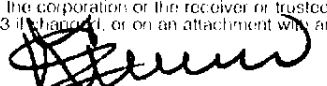


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012057 1. Corporation Name MCE INTERNATIONAL, INC.			
Principal Place of Business 210 Seaview Drive # 601 Key Biscayne, FL 33149		Mailing Address 210 Seaview Drive #601 Key Biscayne, FL 33149	
2. Principal Place of Business 21 210 Seaview Drive Suite, Apt. #, etc. 22 #601 City & State 23 Key Biscayne, FL Zip 24 33149		2a. Mailing Address 26 210 Seaview Drive Suite, Apt. #, etc. 27 #601 City & State 28 Key Biscayne, FL Zip 29 33149	
25 USA		30 USA	
9. Name and Address of Current Registered Agent Mario E. Cuervo 210 Seaview Drive #601 Key Biscayne, FL 33149		10. Name and Address of New Registered Agent 81 Name Deborah Balliet-Jacobson 82 Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 15th. Road 83 Suite 100 84 City Miami 85 Zip Code FL 33129	
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  DEBORAH A. JACOBSON 5/18/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE P/D NAME Mario E. Cuervo STREET ADDRESS 210 Seaview Drive, #601 CITY-ST-ZIP Key Biscayne, FL 33149 [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] 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 I have a physical address. SIGNATURE:  MARIO E. CUERVO 4/23/98 (305) 361-7603 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)