

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90030 002 ***159.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025565

1. Corporation Name
PARAZZOL INTERNATIONAL, INC.

Principal Place of Business 3235 NW 83 ST MIAMI FL 33147 US	Mailing Address P.O. BOX 453832 MIAMI FL 33245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PARAZZOL INT'L INC. Suite, Apt. #, etc. 22 7300 BYRON AVE #18 City & State 23 MIAMI BEACH, FL. Zip Country 24 33141 25 U.S.A.		2a. Mailing Address 26 PARAZZOL INT'L INC. Suite, Apt. #, etc. 27 P.O. BOX 547235 City & State 28 BAL HARBOUR, FL. Zip Country 29 33154 30 U.S.A.		3. Date Incorporated or Qualified 03/20/1997	4. FEI Number 65-0727100	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent OLAECHEA, MIGUEL 3235 NW 83 ST MIAMI FL 33147	10. Name and Address of New Registered Agent 81 Name OLAECHEA, MIGUEL 82 Street Address (P.O. Box Number is Not Acceptable) 7300 BYRON AVE #18 83 84 City MIAMI BEACH FL 85 Zip Code 33141
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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 **MIGUEL OLAECHEA** *Miguel Olachea* **3/26/99**
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLAECHEA, MIGUEL		1.2 NAME	
STREET ADDRESS 845 R.S.W. 12 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLAECHEA, MIGUEL		2.2 NAME	
STREET ADDRESS 3235 NW 83 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLAECHEA, MIGUEL		3.2 NAME	
STREET ADDRESS 7300 BYRON AVE #18		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL. 33141		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Miguel Olachea* **OLAECHEA** **3/26/99** **305-861-2368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)