


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062885 (3)

1. Corporation Name
NEVO INTERNATIONAL, CORP.

Principal Place of Business TWO SOUTH BISCAYNE BLVD ONE BISCAYNE TOWER, STE 2975 MIAMI FL 33131	Mailing Address TWO SOUTH BISCAYNE BLVD ONE BISCAYNE TOWER, STE 2975 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20225 N.E. 34th Av		2a. Mailing Address 20225 N.E. 34th Av		3. Date Incorporated or Qualified 07/21/1997	
21. Suite, Apt. #, etc. Apt. 1815		26. Suite, Apt. #, etc. Apt. 1815		4. FEI Number 65-0768626	
22. City & State N. MIAMI, FLORIDA		27. City & State N. MIAMI, FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33180		28. Zip 33180		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country U.S.A		29. Country U.S.A		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESO TWO SOUTH BISCAYNE BLVD ONE BISCAYNE TOWER, STE 2975 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME PRESIDENT				NAME P/ S			
STREET ADDRESS MARINA NEDIC				STREET ADDRESS Marina Nedic			
CITY-ST-ZIP				CITY-ST-ZIP 20225 NE 34th Avenue # 1815 North Miami, Florida 33180			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME VICE-PRESIDENT				NAME VP/T			
STREET ADDRESS GIANCARLO VOGHINO				STREET ADDRESS Giancarlo Voglino			
CITY-ST-ZIP				CITY-ST-ZIP 20225 NE 34th Avenue # 1805 North Miami, Florida 33180			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SECRETARY				NAME			
STREET ADDRESS MARINA NEDIC				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TREASURER				NAME			
STREET ADDRESS GIANCARLO VOGHINO				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: **Marina Nedic - MARINA NEDIC** APRIL 14, 1998 305-933-5874

CR2E034 (10/97)