

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra K. Morthem
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 13 PM 12:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000070834 (1)
 1. Corporation Name

CAPITAL INTERNATIONAL LIMITED, INC.

Principal Place of Business: 1541 SOUTHWEST 87TH TERRACE FT LAUDERDALE FL 33324
 Mailing Address: 1541 SOUTHWEST 87TH TERRACE FT LAUDERDALE FL 33324

REINSTATEMENT 98
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1241 SW 124 ct. Suite, Apt. #, etc. 22 SUITE C City & State 23 MIAMI, FL. Zip 24 33184 Country 25 Dade
 2a. Mailing Address: 26 1241 SW 124 ct. Suite, Apt. #, etc. 27 SUITE C City & State 28 MIAMI, FL. Zip 29 33184 Country 30 Dade

3. Date incorporated or Qualified: 08/15/1987
 4. FEI Number: 65-078-6564 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: AMERLAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name: Stacy Cobian 82 Street Address (P.O. Box Number is Not Acceptable): 1241 SW 124 ct. SUITE C 84 City: MIAMI FL 85 Zip Code: 33184

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] DATE: 11/12/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COBIAN, OSCAR	
STREET ADDRESS	1541 SOUTHWEST 87TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, WARREN	
STREET ADDRESS	1541 SOUTHWEST 87TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FIORE, LUIS	
STREET ADDRESS	1541 SOUTHWEST 87TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OSCAR COBIAN	
1.3 STREET ADDRESS	80 FLOWER AVE	
1.4 CITY-ST-ZIP	WASHINGTON, NJ	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY COBIAN	
2.3 STREET ADDRESS	80 FLOWER AVE	
2.4 CITY-ST-ZIP	WASHINGTON, NJ 07832	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STACY COBIAN	
3.3 STREET ADDRESS	1241 SW 124 CT SUITE C	
3.4 CITY-ST-ZIP	MIAMI, FL 33184	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *****750.00 *****750.00

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: SIGNATURE REQUIRED [Signature] 11/12/98 908-689-3620

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 CR2E034 (5/98)