## 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 # P97000080746 (5)

THOUS INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131	1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131
Principal Place of Business	2a. Mailing Address
· '	2a. Mailing Address 26
, ·	
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	26 Suite, Apt. #, etc. 27

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 4. FEI Number Applied For 65-0828682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE SUITE 200 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 City 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) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MONGELOS, MARCELO NAME 1.2 NAME MONGELOS, MARCELO 1390 BRICKELL AVENUE SUITE 200 STREET ADDRESS 1.3 STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAMI, FLORIDA 33131 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME CASTILLO, ALVARO 1390 BRICKELL AVENUE STREET ADDRESS 2.3 STREET ADDRESS AUITE 200 CITY-ST-ZIP 2. 4 CITY-ST-ZIP 33131 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 allachment with an address.