

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

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Jun 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000083351 (1)  
1. Corporation Name: SEMPITERNA INTERNATIONAL, INC.



Principal Place of Business: 1059 COLLINS AVENUE SUITE 101-1116 MIAMI BEACH FL 33139  
Mailing Address: 1059 COLLINS AVENUE SUITE 101-1116 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/26/1997  
4. FEI Number: 65-0783005  
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: AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: JUERG DANIEL SCHMID 1059 COLLINS AVE SUITE 101-1116 MIAMI BEACH FL 33139

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: SCHMID JUERG DANIEL (Registered Agent Signature) DATE: MAY 13, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RANDEGGER, ANJA	1.2 NAME	
STREET ADDRESS	1059 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	SCHMID, JUERG D	2.2 NAME	
STREET ADDRESS	1059 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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]

CR2E034 (10/97)

ADP 6. 1998 (305) 756-4926