## 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

P97000091244 (8) DOCUMENT #

MONTES INTERNATIONAL BUSINESS CORP.

Principal Place of Business

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



MIAMI FL 331		15382 S.W. 391H LANE MIAMI FL 33185		
		181711111 1 2 30100		DO NOT WRITE IN THIS SPACE
		,		3. Date Incorporated or Qualified
				10/23/1997
	lace of Business	2a. Mailing Address	s =0.1e==e	4. FEI Number Applied For
	12 s.w. 39 lc	(   EYL   T   F   T   T   T   T   T   T   T   T	onal PE a	4 65-0791207   Not Applicable
Suite, Apt.	#, 91C.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & Charles		Fee Required
23 Hia	mr, Florida		Conda	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
ー <sup>Zip</sup> っっ	Country 185 25 DJ.S.	Z(p)	Country	8. This corporation owes or has paid the current year Intangible
24 33	10 - 10		ο 0.5.Δ.	Personal Property Tax due June 30.  Yes No
	9. Name and Address of C	urrent Hegistered Agent	041 1	10. Name and Address of New Registered Agent
	NTES, MELITZA		81 Name	
15382 S.W. 39TH LANE 82 Street Addir				ess (P.O. Box Number is Not Acceptable)
MIA	MI FL 33185			
			63	
			84 City	85 Zip Code
				▝▀▀▀
11. Pursuant I	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statules, State of Florida, Such change was aut	, the above-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the	obligations of Section 607.0505, Florid	da Statutes.	on a board or directors. Thereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of register	F.P. 11 F.W	Registered Agent signature require	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	MONTES, MERLITZA		1.2 NAME	
STREET ADDRESS	15382 S.W. 39TH LANE		1.3 STREET ADDRESS	
CITY-SY-ZIP	MIAMI FL 33185		1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change  Addition
NAME	MONTES, IVONNE		2.2 NAME	
STREET ADDRESS	15382 S.W. 39TH LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE	L_1 Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY-SI-ZIP	
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	İ
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		LJ DELETE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby c	ertify that the information suppl	led with this filing does not qualify for t	he exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information
officer or o	dir <b>ect</b> or of the confor <u>ation</u> or the	nental antibal report is true and accura- preceiver or trusted empowered to ake	and that my signature ecule this report as requi	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	or Block 13 if charlied or on a	Antiacliment with an addings.	\ V	