

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093350 (1)**

1. Corporation Name  
**KODEL INTERNATIONAL, INC.**

Principal Place of Business

**1110 NE 100TH STREET  
MIAMI SHORES FL 33138**

Mailing Address

**1110 NE 100TH STREET  
MIAMI SHORES FL 33138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/30/1997</b>	
21	<b>18339 NW 68th Ave.</b>	26	<b>18339 NW 68th Ave.</b>	4. FEI Number <b>65-0791649</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, FLonck</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip <b>33015</b>	25	Country <b>USA</b>	28	30
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DE LA ESPRIELLA, ROBERTO  
1110 NE 100TH STREET  
MIAMI SHORES FL 33138**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA ESPRIELLA, ROBERTO</b>		1.2 NAME		
STREET ADDRESS	<b>3619 NW 207TH ST, APT 207</b>		1.3 STREET ADDRESS	<b>10350 West Bay Harbor Dr. #2-E</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>		1.4 CITY-ST-ZIP	<b>BAY HARBOR, FL 33154</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA ESPRIELLA, CHRISTIAN</b>		2.2 NAME		
STREET ADDRESS	<b>3619 NW 207TH ST, APT 207</b>		2.3 STREET ADDRESS	<b>10350 West Bay Harbor Dr. #2-E</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>		2.4 CITY-ST-ZIP	<b>BAY HARBOR, FL 33154</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONDEROS, RICARDO</b>		3.2 NAME		
STREET ADDRESS	<b>9921 NW 51 LANE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33178</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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, unchanged, or in an attachment with an address.

SIGNATURE:

*Roberto de la Espriella*

**Roberto de la Espriella 04-10-98 (305) 828-6872**

CR2E034 (10/97)