

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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90031 013 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



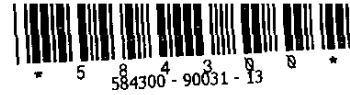
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000047531

1. Corporation Name

A.V. SERVICES INTERNATIONAL CORP.

Principal Place of Business 2785 N.W. 82nd Ave. Miami, FL 33122	Mailing Address 2785 N.W. 82nd Ave. Miami, FL 33122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 3292 Stirling Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 3292 Stirling Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 5/28/1998	
27 City & State 3 HOLLYWOOD, FLORIDA		28 City & State 30 HOLLYWOOD, FLORIDA		4. FEI Number 65-0839397 Applied For <input type="checkbox"/> Not Applicable	
29 Zip 33021		30 Zip 33021		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 merilawyer
 43 Almeria Avenue
 Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P,S,D	<input type="checkbox"/> DELETE	1.1 TITLE P,S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Vilar, Carmen		1.2 NAME VILAR, CARMEN	
STREET ADDRESS 2785 N.W. 82nd Ave.		1.3 STREET ADDRESS 157A Yellowheart Way	
CITY-ST-ZIP Miami, FL 33122		1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE V,D	<input type="checkbox"/> DELETE	2.1 TITLE V,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Vilar, Raul E		2.2 NAME VILAR, RAUL E.	
STREET ADDRESS 2785 N.W. 82nd Ave.		2.3 STREET ADDRESS 157A Yellowheart Way	
CITY-ST-ZIP Miami, FL 33122		2.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE T,D	<input type="checkbox"/> DELETE	3.1 TITLE P,S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Vilar, Enrique R.		3.2 NAME VILAR, ENRIQUE R.	
STREET ADDRESS 2785 N.W. 82 Ave.		3.3 STREET ADDRESS 157A Yellowheart Way	
CITY-ST-ZIP Miami, FL 33122		3.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
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	

4. 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, with all other like empowered.

SIGNATURE: [Signature] President Date: 06/26/99 Daytime Phone #: (954) 966-9300

CR2E034 (11/98)