

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90157 044 ***158.75

0021011

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000091089
 1. Corporation Name
VAITECH INTERNATIONAL CORP.

Principal Place of Business 251 CRANDON BLVD. STE 540 KEY BISCAIYNE FL 33149	Mailing Address 251 CRANDON BLVD. STE 540 KEY BISCAIYNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7400 SW 57 AV Suite, Apt. #, etc. 22 Nº3 City & State 23 SOUTH MIAMI FL Zip 24 33143	2a. Mailing Address 26 7400 SW 57 AV Suite, Apt. #, etc. 27 Nº3 City & State 28 SOUTH MIAMI FL Zip 29 33143	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 10/26/1998	4. FEI Number 65-0874028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
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

ROTH, LEONARDO A
9350 S DIXIE HWY., PH 2
MIAMI FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAIRO, CLAUDIO	
STREET ADDRESS	251 CRANDON BLVD, STE 540	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VAIRO, EMILIO	
STREET ADDRESS	251 CRANDON BLVD, STE 540	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ARRESEIGOR, MARTIN	
STREET ADDRESS	251 CRANDON BLVD, STE 540	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAIRO, CLAUDIO	
1.3 STREET ADDRESS	7400 SW 57 AV Nº3	
1.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAIRO, EMILIO	
2.3 STREET ADDRESS	7400 SW 57 AV Nº3	
2.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143	
3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARRESEIGOR, MARTIN	
3.3 STREET ADDRESS	7400 SW 57 AV Nº3	
3.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARRESEIGOR, MARTIN Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)