

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED
00 MAY -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091089

1. Corporation Name
VAITECH INTERNATIONAL CORP.

Principal Place of Business: 251 CRANDON BLVD. STE 540, KEY BISCAYNE FL 33149
Mailing Address: 251 CRANDON BLVD. STE 540, KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6995 NW 82 Ave, Bay 42, MIAMI FL 33166
2a. Mailing Address: 6995 NW 82 Ave, Bay 42, MIAMI FL 33166

3. Date Incorporated or Qualified: 10/26/1998
4. FEI Number: 65-0874028
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 the current year Intangible Personal Property Tax: Yes 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
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: PD NAME: VAIRO, CLAUDIO STREET ADDRESS: 251 CRANDON BLVD, STE 540 CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: VAIRO, CLAUDIO 1.3 STREET ADDRESS: 6995 NW 82 AVE Bay 42 1.4 CITY-ST-ZIP: MIAMI, FL 33166
TITLE: TD NAME: VAIRO, EMILIO STREET ADDRESS: 251 CRANDON BLVD, STE 540 CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: VAIRO, CLAUDIO 2.3 STREET ADDRESS: 6995 NW 82 AVE Bay 42 2.4 CITY-ST-ZIP: MIAMI, FL 33166
TITLE: VSD NAME: ARRESEIGOR, MARTIN STREET ADDRESS: 251 CRANDON BLVD, STE 540 CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VSD 3.2 NAME: ARRESEIGOR, MARTIN 3.3 STREET ADDRESS: 6995 NW 82 AVE Bay 42 3.4 CITY-ST-ZIP: MIAMI, FL 33166
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ARRESEIGOR 4/29/00 305 412-7332
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR