

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90243 010 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **S11561**

1. Corporation Name  
**SUN TRUST INTERNATIONAL INVESTMENT CORPORATION**



Principal Place of Business  
 525 N.W. 27TH AVENUE  
 SUITE 201  
 MIAMI FL 33125-3085  
 US

Mailing Address  
 525 N.W. 27TH AVENUE  
 SUITE 201  
 MIAMI FL 33125-3085  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 525 N.W. 27TH AVENUE  
 Suite, Apt. #, etc.  
 22 Suite 105  
 City & State  
 23 MIAMI FL  
 Zip Country  
 24 33125 25 US

2a. Mailing Address  
 26 525 N.W. 27TH AVENUE  
 Suite, Apt. #, etc.  
 27 Suite 105  
 City & State  
 28 MIAMI FL  
 Zip Country  
 29 33125 30 US

3. Date Incorporated or Qualified  
**11/08/1990**

4. FEI Number  
**65-0227191**

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

**GARCIA-RUBIO, MANUEL J.**  
 9630 SW 9 TERR  
 MIAMI FL 33174

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 type="checkbox"/> DELETE
NAME	GARCIA, EDUARDO	
STREET ADDRESS	525 NW 27 AVE, 201	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHOCANO, JOSE J.	
STREET ADDRESS	ALEJANDRO DAUSTUA 159	
CITY-ST-ZIP	MIRAFLORES LIMA PERU	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA-RUBIO, MANUEL J.	
STREET ADDRESS	9630 SW 9 TER	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	GARCIA, EDUARDO
1.4 CITY-ST-ZIP	525 NW 27 AVE #105 MIAMI FL 33125
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: **SIGNATURE REQUIRED - PRESIDENT** 04/20/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)