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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S31193** (3)

1. Corporation Name
COVE INTERNATIONAL, INC.

Principal Place of Business
7401 NW 68 ST
E-30
MIAMI FL 33166
US

Mailing Address
1821 SW 99 AVENUE
MIAMI FL 33165-7662
US

2. Principal Place of Business
21 7951 NW 64 ST
Suite, Apt #, etc.
22
City & State
23 MIA FL
Zip
24 33166
Country
25 USA

2a. Mailing Address
26 1821 SW 99 AV
Suite, Apt #, etc.
27
City & State
28 MIA FL
Zip
29 33165
Country
30 USA

3. Date Incorporated or Qualified
02/13/1991

3a. Date of Last Report
06/04/1996

4. FEI Number
65-0244530
[ ] Applied For
[ ] Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SALAZAR, ANGELA
~~8090 N.W. 67TH STREET~~
~~MIAMI FL 33166~~

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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	SALAZAR, ANGELA	
STREET ADDRESS	8090 N.W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	[ ] DELETE
NAME	EXPOSITO, ALEJANDRINA	
STREET ADDRESS	8090 N.W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P	[✓] Change [ ] Addition
1 NAME	ANGELA SALAZAR	
1 STREET ADDRESS	7951 NW 64 ST	
1 CITY-ST-ZIP	MIA FL 33166	
2 TITLE	S	[ ] Change [ ] Addition
2 NAME	ALEJANDRINA EXPOSITO	
2 STREET ADDRESS	7951 NW 64 ST	
2 CITY-ST-ZIP	MIA FL 33166	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (9/95)

14. I do 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.

SIGNATURE: [signature] 3/12/97 305-592-8827