

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S84648** (2)  
1. Corporation Name  
**MASTER PIECE INTERNATIONAL INC**

Principal Place of Business <b>6522 WEST FLAGLER STREET MIAMI FL 33144 US</b>	Mailing Address <b>6522 WEST FLAGLER STREET MIAMI FL 33144 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2167 WEST FLAGLER ST.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2167 WEST FLAGLER ST.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/30/1991</b>	
22 City & State 23 <b>MIAMI, FL</b>		27 City & State 28 <b>MIAMI, FL</b>		4. FEI Number <b>65-0273292</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>33135</b>		25 Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33135</b>		30 Country <b>MIAMI-DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INCLAN, VICENTE T 6522 WEST FLAGLER STREET MIAMI FL 33144</b>		10. Name and Address of New Registered Agent 81 Name <b>SENSAT-ALONSO, LETICIA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2167 WEST FLAGLER ST.</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33135</b>	
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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 *Leticia Sensat-Alonso* DATE **04-22-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P INCLAN, VICENTE T 6522 WEST FLAGLER STREET MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P SENSAT-ALONSO, LETICIA 2167 WEST FLAGLER ST. MIAMI, FL 33135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Leticia Sensat-Alonso* LETICIA SENSAT-ALONSO, PRESIDENT 4/22/98

CR2E034 (10/97)