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



ANN	PROFIT RPORATION UAL REPORT 1997	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State			
1	MENT # S86553 I INTERNATIONAL, INC.	3 (2)				
Principal Place 8711 SW 9771 SUITE 124 MIAMI FL 331 US		Mailing Address 8711 SW 97TH AVE SUITE 124 MIAMI FL 33173-4564 US		3. Date incorporated or Qualified	3a. Date of Last I	
2. Principal (Place of Business	2a. Mailing Address		10/10/1991 4. FEI Number	02/16/1996	pplied For
21	# as-	26 Suite, Apt. #, etc.		65-0289709	N	lot Applicable
Suite, Apt	. 11 , etc.	27) Suite, Apr. #, etc.		5. Certificate of Status Desired		Additional Required
City & Sta	le	City & State	Commence of the Commence of th	6. Election Campaign Financing) May Be
23] Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for		to Fees s. 199.032.
24	25		30	Florida Statutes	Yes No	
PFI	 Name and Address of Currer REZ, COSME E. 	n Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·
	0 N.W. 103RD ST.		82 Street	Address (P.O. Box Number is Not Acceptal	hle)	···
MIA	MI FL 33016			- Total Cook (1.0. Dox 14011 Dox 15 1401 Acceptan		
			83			
			84 City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE D DIRECTORS	Registered Agent's gnature	corporation submits this statement for the poration's board of directors. I hereby accerding the property of t	DATE CERS AND DIRECTO	RS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	PTD PERDOMO O., DANIEL 1721 S.W. 19TH ST., #3 MIAMI FL	☐ DELETE	1.1 WILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	PERDOMO O., DANIEL 8711 SW 97th Ave., MIAMI FL		[] Addition
TITLE	SD DOCANNA	DELETE	2.1 TITLE	SD DOGLAND	X Change	Addition
NAME STREET ADDRESS	PERDOMO, ROSANNA 1721 S.W. 19TH ST., #3		2.2 NAME 2.3 STREET ADDRESS	PERDOMO, ROSANNA 8711 SW 97th Ave.	. STE.124	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL	, 5124(2)	
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE	THE RESERVE OF THE PARTY OF THE	DELETE	4.1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY - ST - Z/P 5.1 T/TLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 C(1)Y+S1+Z(P 6.1 TITLE		Change	Addition
NAME		-	6.2 NAME		and onlings	٠.٥٧١١٥١١ - سي
LIMANC						
STREET ADDRESS		_	6.3 STREET ADDRESS			
STREET ADDRESS	by certify that the information surpside	W	6.4 CITY - ST - ZIP	aled in Section 119.07(3)(i), Florida Statute	o Hudbor codiky (b)	I tho

14. I do hereby certify that the information supplied information indicated on this annual report or sun I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or the corporation of the appears in Block 12 or Block 13 if changed, or the supplied of the suppli tees of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rual replace is true and accurate and that my signature shall have the same legal effect as if made under oath; that use a source of the execute this report as required by Chapter 607, Florida Statutes; and that my name

MILIGE