

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

FILED  
Feb 09 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 # S86553 (2)  
1. Corporation Name  
REDOM INTERNATIONAL, INC.

Principal Place of Business  
8711 SW 97TH AVE  
SUITE 124  
MIAMI FL 33173  
US

Mailing Address  
8711 SW 97TH AVE  
SUITE 124  
MIAMI FL 33173  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8711 SW 97th AVE	26 8711 SW 97th AVE
22 Suite, Apt. #, etc. 230	27 Suite, Apt. #, etc. 230
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33173	29 Zip 33173
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	10/10/1991		
4. FEI Number	65-0289709	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PEREZ, COSME E.  
8200 N.W. 103RD ST.  
MIAMI FL 33016

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

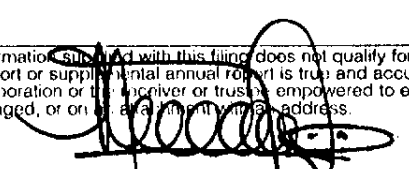
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PERDOMO O., DANIEL	
STREET ADDRESS	8711 SW 97TH AVE STE 124	
CITY-ST-ZIP	MIAMI FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	PERDOMO, ROSANNA	
STREET ADDRESS	8711 SW 97TH AVE STE 124	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 submitted 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 the affidavit of address.

SIGNATURE:



2/2/98 (305) 821-8041

CR2E034 (10/97)