

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V33043 (3)**

1. Corporation Name  
**SPES INTERNATIONAL CORP.**



Principal Place of Business <b>1525 NW 167 STREET                  SUITE 145                  MIAMI FL 33169                  US</b>	Mailing Address <b>1525 NW 167 STREET                  SUITE 145                  MIAMI FL 33169-5131                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>05/01/1992</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0332717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCOPETTA, GEORGE M.  
 4205 SALZEDO ST  
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name <b>Scopetta, George M.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1525 N.W. 167 Street</b>
83 <b>Suite 145</b>
84 City <b>Miami, FL</b>
85 Zip Code <b>33169</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>SCOPETTA, GEORGE M.</b>	
STREET ADDRESS	<b>1525 NW 167 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>SCOPETTA, JOHN R.</b>	
STREET ADDRESS	<b>1525 NW 167 STREET #145</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>SCOPETTA, JOHN N</b>	
STREET ADDRESS	<b>1525 NW 167 STREET #145</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>SCOPETTA, MERCEDES</b>	
STREET ADDRESS	<b>1525 NW 167 STREET #145</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ASAT</b>	<input type="checkbox"/>
NAME	<b>MARTINEZ, MARLENE</b>	
STREET ADDRESS	<b>1525 NW 167 STREET #145</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *George M. Scopetta* 4/11/1997 305-620-7770

CR2E034 (9/96)