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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 04 1998 8:00am Secretary of State

DOCUMENT # V44647 COMMON INTERNATIONAL AND INVESTMENTS INC. Principal Place of Business Mailing Address 10092 S.W. 143 PLACE 10092 S.W. 143 PLACE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 *65-*0341283 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Žiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARVETT, FREDRIC 3350 S.W. 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 **B4** City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 profed raise of registered agery and title it applicable (NOTE: Registered Agent signature required when reinstalleg) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 THUE NAME PRAT. OSCAR 1.2 NAME 10092 SW 143 PL STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-2IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 armual report of supplemental armual 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 conforation or the receiver or trucke impoweded to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 if chartred, or on an attachment with an address.

SIGNATURE:

79-6236