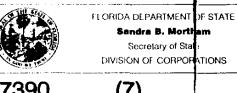
FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION **ANNUAL REPORT** 1998 **DOCUMENT #**



FILED Feb 24 1998 8:00am Secretary of State

MITCHE	ELL INTERNATIONAL, INC.	· • ·		
Principal Place		Mailing Address		. respectif stat trans respectivité létit part avait avait avait avait avait con voit viet
% MITCHELL BRYON TJIN A DJIE PO BOX 15441 PLANTATION FL 33318		% MITCHELL BRYON TJIN A DJIE PO BOX 15441 PLANTATION FL 3331B		DO NOT WRITE IN THIS SPACE
_				3. Date Incorporated or Qualified
				02/13/1986
—	lace of Business	2a. Mailing Address		4. FEI Number Applied For
		Suite, Apt #, etc.		59-2639334 Not Applicable
 		27] Stille, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State		City & State		Election Campaign Financing \$5.00 May Be
 		28		Trust Fund Contribution Added to Fees
Zip	Country	Zψ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent
16427 ERIE PLACE			81 Nam	me
			82 Stree	eet Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33331			83	
			63	•
			84 City	y 85 Zip Code
dd Dwo ant	the are a second Coston COZ OLO	O and COZ 15 00 Florida Chat to	100	FL 10 COO
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the c	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the oblig-	ations of, Section 607 0505, Flo	rida Statutes.	
SIGNATURE	Signature: typed or poeters came of record noting	mi met teto d'accelerable (NOTE	Registered Agent signal	ature required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE.	1.1 TITLE	☐ Change ☐ Addition
NAME	tjin a djie, mitchell b.		1.2 NAME	
STREET ADDRESS	16427 ERIE PLACE		1.3 STREET ADDRES	sss
CITY-SI-ZIP	DAVIE FL 33331		1.4 CITY-ST-ZIP	
TITLE	TD	DELETE	2.1 TITLE	☐ Change ☐ Addition ☐
NAME	tjin a djie, steven		2.2 NAME	
STREET ADDRESS	16427 ERIE PLACE		2.3 STREET ADDRES	SS
CITY-ST-ZIP	DAVIE FL 33331		2.4 CITY - ST - ZIP	
TITLE	VP	☐ DELETE	31 TITLE	Change Addition
NAME	TJIN A DJIE, VINCENT		3 2 NAME	
STREET ADDRESS	16427 ERIE PLACE		3 3 STREET ADDRES	1
CITY-ST-ZIP TITLE	DAVIE FL 33331	DELETE	3.4. CITY - ST - ZIP	Change Addition
NAME	TJIN A DJIE, MILTON		4.1 TITLE 4.2 NAME	CHANGE MUDITION
STREET ADDRESS	44443 MDIG DI 40E		4.3 STREET ADDRES	202
l	DAVIE FL 33331		4.4 CITY - ST - ZIP	233
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	iss
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE	<u> </u>	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	rss
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
	certify that the information sopolied w	oth this filing does not qualify for		stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Thereby certify trial the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

GNATURE:

**Comparison 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.

**Comparison of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an officer or the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiv M. Viin A Dije 2-1-48 (954)680-3866

SIGNATURE: