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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherir e Harris

Secretary of State
DIVISION OF CORNORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90143 001 \*\*\*150.00

| DOCUMENT #  1. Corporation Name | P93000085878 (5)      | ŀ |
|---------------------------------|-----------------------|---|
|                                 | A. INTERNATIONAL, INC |   |

| Principal Plac               | e of Business                                                            |                                           | Mailing Ad                            | ldress                            |                                 |                      |                                                  | 1                 |                  |                  |                |                                 |
|------------------------------|--------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|----------------------|--------------------------------------------------|-------------------|------------------|------------------|----------------|---------------------------------|
|                              |                                                                          |                                           |                                       |                                   |                                 |                      |                                                  |                   |                  |                  |                |                                 |
|                              |                                                                          |                                           |                                       |                                   |                                 |                      |                                                  |                   | DO NO            | T WRITE IN T     | HIS SPACE      |                                 |
|                              |                                                                          |                                           |                                       |                                   |                                 |                      |                                                  | 3. Date Inc       | rporated or Qu   | ıalifed          |                |                                 |
|                              |                                                                          |                                           |                                       |                                   |                                 |                      |                                                  | //                | 2/16/            | 93               |                |                                 |
|                              | lace of Business                                                         |                                           | 2a. Mailing                           |                                   |                                 |                      | _                                                | 4. FEI Num        | pef              |                  |                | Appli∈d For                     |
| 21 7 2                       | OUTH UN                                                                  | IVERSITY                                  | DR Z.                                 | <u>So. Un</u>                     | IVERS                           | ITY                  | <u>DR</u> _                                      | 65-0              | 4545             | 89               |                | Not Applicable                  |
| Suite, Apt.                  | . #, etc.<br>2. <b>7</b>                                                 | ,                                         | Suite, /                              | Apt. #, etc.<br><b>3ス</b> フ       |                                 | •                    |                                                  | 5. Certifcate     | of Status Des    | ired             |                | <b>5</b> Additional<br>Required |
| City & Sta                   | NTATION                                                                  | I F/A                                     | 28 PLA                                |                                   | <br>مار المارة                  | , <u>a</u>           |                                                  |                   | Campaign Fina    | ncing            |                | 00 May Be<br>ed to Fees         |
| Zip                          |                                                                          | untin'                                    | Zip                                   | NTATI                             | Country                         | - <i>III.a.</i><br>' |                                                  |                   | oration owes th  | e current vear   |                | ed 10 1 ed3                     |
| 24 333                       | 24 25                                                                    | U.SA                                      | 29 33                                 | 324                               | [30] LL                         | SA                   |                                                  | -                 | Property Tax.    | ic current year  | Yes            | No                              |
|                              |                                                                          | Idress of Current                         |                                       |                                   |                                 |                      |                                                  |                   | d Address of     | New Register     | ed Agent       |                                 |
| P.o                          | HARD F.                                                                  | Postkie                                   | 07                                    |                                   | 81                              | Name                 |                                                  |                   |                  |                  |                |                                 |
| 7 (                          | O. UNIVE                                                                 | POSITY                                    | re.                                   |                                   | 82                              | Street               | Addres                                           | ss (P.O. Box N    | umber is Not A   | cceptable)       |                |                                 |
| O,                           | A. TATA                                                                  | I FID                                     | 3324                                  | <u> </u>                          | 83                              | <del> </del>         |                                                  |                   |                  |                  |                |                                 |
| rca                          | tN141101                                                                 |                                           | , , , , , , ,                         | -                                 |                                 | L                    |                                                  |                   |                  |                  |                |                                 |
|                              |                                                                          |                                           |                                       |                                   | 84                              | City                 |                                                  |                   |                  | F                | 85 Z           | ip Code                         |
| office or i                  | to the provisions of segistered agent, or b                              | oth, in the State of                      | f Florida, Such                       | change was a                      | u horized by                    | the corp             |                                                  |                   |                  | or the purpose   | of changing    |                                 |
| -                            | m familiar with, and                                                     | acce pt the obligati                      | ors of, Section                       | 607.0505, Flo                     | ri ta Statutes                  | i <b>.</b>           |                                                  |                   |                  |                  |                |                                 |
| SIGNATURE                    | Signature, typed or printed                                              | name of registered agent                  | an I title if applicable              | (NOTE                             | Registered Ager                 | If Signature         | require ( w                                      | then reinstating) |                  | DATE             |                | <del></del>                     |
| 12.                          |                                                                          | O FICERS AND                              |                                       |                                   | 13.                             | - ig. cau            |                                                  |                   | S/CHANGES 1      |                  | AND DIREC      | TORS IN 12                      |
| TITLE                        | -ρ                                                                       |                                           |                                       | ☐ DELETÉ                          | 1,1 TITLE                       |                      | T -                                              |                   |                  |                  | ☐ Chan         |                                 |
| NAME                         | ROGER                                                                    | Bot Duc                                   |                                       |                                   | 1.2 NAME                        |                      |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               | 250 4                                                                    | ULFRSIT                                   | Y DR.                                 |                                   | 1.3 STREE                       | TADDRESS             |                                                  |                   |                  |                  |                |                                 |
| CITY-ST-ZIP                  | ROGER 1<br>250. UN<br>PLANTA                                             | 9770N.F                                   | LA 33.                                | 324                               | 1.4 CITY-S                      | T-ZIP                |                                                  |                   |                  |                  |                |                                 |
| TITLE                        |                                                                          |                                           |                                       | DELETE                            | 21 TITLE                        |                      | <del>                                     </del> | ,                 |                  |                  | Chan           | ge   Addition                   |
| NAME                         |                                                                          |                                           |                                       |                                   | 2.2 NAME                        |                      |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               |                                                                          |                                           |                                       |                                   | 2.3 STREE                       | TADDRESS             |                                                  |                   |                  |                  |                |                                 |
| CITY-ST-ZIP                  |                                                                          |                                           |                                       |                                   | 2. 4 CITY-5                     | T-ZIP                | ļ                                                |                   | .,               |                  |                |                                 |
| TITLE                        |                                                                          |                                           |                                       | DELETE                            | 3 1 TITLE                       |                      |                                                  |                   |                  |                  | Chan           | ge Addition                     |
| NAME                         |                                                                          |                                           |                                       |                                   | 3 2 NAME                        |                      |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               |                                                                          |                                           |                                       |                                   | 3 3 STREET                      | ADDRESS              |                                                  |                   |                  |                  |                |                                 |
| CITY-ST-ZIP                  |                                                                          |                                           |                                       |                                   | 34 CITY-S                       | T-ZIP                | <u></u>                                          |                   | _                |                  |                |                                 |
| TITLE                        |                                                                          |                                           |                                       | ☐ DELETE                          | 4.1 TITLE                       |                      |                                                  |                   |                  |                  | Chang          | ge   ] Addition                 |
| NAME                         |                                                                          |                                           |                                       |                                   | 4. 2 NAME                       |                      |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               |                                                                          |                                           |                                       |                                   | 4.3 STREET                      | ADDRESS              |                                                  |                   |                  |                  |                |                                 |
| CITY-ST-ZIP                  |                                                                          |                                           |                                       |                                   | 4 4 CITY-S                      | T-ZIP                | <b>↓</b>                                         | <del></del>       |                  |                  |                |                                 |
| TITLE                        |                                                                          |                                           |                                       | ☐ DELETÉ                          | 5.1 TITLE                       |                      | 1                                                |                   |                  |                  | Chang          | ge [] Addition                  |
| NAME                         |                                                                          |                                           |                                       |                                   | 5.2 NAME                        | Ababree              |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               |                                                                          |                                           |                                       |                                   | 53 STREET                       |                      |                                                  |                   |                  |                  |                |                                 |
| CITY-ST-ZIP                  |                                                                          |                                           |                                       | DELETE                            | 5.4 CITY-S*<br>6 1 TITLE        | -411                 |                                                  |                   |                  |                  | Chanc          | e [ ] Addition                  |
| TITLE                        |                                                                          |                                           |                                       | DELETE                            | 62 NAME                         |                      |                                                  |                   |                  |                  |                | le (Tivadiani                   |
| NAME                         |                                                                          |                                           |                                       |                                   | 6.3 STREET                      | AUUDEGo              |                                                  |                   |                  |                  |                |                                 |
| STREET ADDRESS               |                                                                          |                                           |                                       |                                   | 6.4 CITY-SI                     |                      | ĺ                                                |                   |                  |                  |                |                                 |
| City-St-ZiP                  | ertify that the information                                              | ation supplied with                       | fhis filing dose                      | not qualify for                   |                                 |                      | l in Sec                                         | tion 119 07/3     | (i) Florida Stat | ites I further i | er ify that th | e information                   |
| indicated of<br>officer or : | on this annual report<br>director of the corpor<br>or Black 13 if change | or supplemental a<br>ation or the receive | in rual report is<br>er or trustee en | true and accur<br>repowered to ex | rate and that<br>recute this re | my sign              | atur∈ sl<br>reguired                             | hall have the :   | ame legal effec  | t as if made ur  | ider oath; th  | atlanıan                        |