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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038969

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90033 039 ***150.00

1. Corporation	on Name				(
RETAIL	CONSULTANTS INTERNA	ATIONAL, INC.						
					I HAARAMA AHA HAKA AHAA		A KANDA TANDA F	AUGH IBU 2011
Principal Plac	ce of Business	Mailing Address			a impliment left soret Bette dents Bolts		i iniid idiib i	A() 0 4 40
3535 S. MOOF	RINGS WAY	3535 S. MOORINGS WAY						
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IN THIS SE	ACE	
					05/17/1995		5	
2. Principal F	Place of Business	2a. Mailing Address		···································	4. FEI Number		Anr	olied For .
21		26			65-0590693			Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Rec	
City & Sta	te	City & State			6. Election Campaign Financing	П	\$5.00 N	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the currer		,	_
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Cu	rrent Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agi	int	
MOI	HLMAN, DAVID J	·	Ľ	1 Italiic	•		·	
	5 S. MOORINGS WAY		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	4	
	CONUT GROVE FL 33133	,	8:	3	- 	1 4 6 7 8 1	191. 1 T & 9	
						A 最高等		四(\$1.数
			84	4 City	2	Fi	35 Zip Co	odé 🚟 💮
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statute	es, the above	ve-named corp	oration submits this statement for the p	rpose of cha	nging its r	egistered
office or I	registered agent, or both, in the St	ate of Florida. Such change was au digations of, Section 607.0505, Flor	ithorized by	y the corporatio	oration submits this statement for the pron's board of directors. I hereby accept	the appointm	ent as regi	istered
-	an rannial war, and accept the oc	Migations of, dection dor.0303, 1 to	ida Statute	3.	• •			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating)	DATE		— I;
12.		AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFI	CERS AND (IRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE] Change	Addition
NAME	MOHLMA, DAVID					_		-
STREET ADDRESS			1.2 NAME			_	V	1.
CITY-ST-ZIP		_	1.3 STREE	ET ADDRESS				
TITLE	COCONUT GROVE FL 3313		1.3 STREE	ET ADDRESS			Change	Addition (
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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 annual report or supplemental angular poor is the 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 entropy ered 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, with all other like empowered.

I CONTER

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR