

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1999 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089401

1. Corporation Name: PETRUS INTERNATIONAL, INC.

2. Principal Place of Business: 7225 NW 25 ST #306 MIAMI FL 33122
3. Mailing Address: 7225 NW 25 ST #306 MIAMI FL 33122

FILED 99 DEC 23 PM 2:35 SECRETARY OF STATE TALLAHASSEE FLORIDA

4. If corrections are indicated in any way, line through incorrect information and enter correction below.

5. New Principal Office Address, if Applicable
6. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida: 11/22/1995
5. FEI Number: 65-0632630
6. CERTIFICATE OF STATUS DESIRED [] \$2.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City State Zip. Includes entries for PEDRO P CORREA and HELENA PEREZ.

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-12/28/99--01024--001
***150.00 ***150.00

8. Name and Address of Current Registered Agent: CORREA, PEDRO P, 7225 NW 25 ST, MIAMI FL 33122
9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: P. Correa
Date:

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No []

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.073(1), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: P. Correa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date:
Daytime Phone #: