PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000047494

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

CIPS INTERNATIONAL, INC.

rincipal Place of Business	Mailing Address		
16751 NE 9TH AVENUE. SUITE 503 N. MIAMI BEACH FL 33162	16751 NE 9TH AVENUE. SUITE 503 N. MIAMI BEACH FL 33162		
2. Principal Place of Business	2a. Mailing Address		

28

29

City & State

Zip

9. Name and Address of Current Registered Agent BARDALES, ALDO G 16751 NE 9TH AVENUE, SUITE 503

Country

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90004 002 ***150.00



DO NOT	WRITE	IN THIS	SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed 05/14/1996 4. FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

65-0676211

N M	IIAMI BEACH FL 33162		83					
14. 14	MARIE DEACHTE GOTOE		63					
			84	City		85	Zip Co	de
	<u> </u>				·	FL °°	: :	alatarad
office or n	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was autho	onzed by	the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment	ng its re as regis	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	/NOTE: Per	victored Agen	1 signature (required when reinstating) DAT	E		
12.	OFFICERS AND DIRECTORS	<u>`</u>	13.	T angle colore t	ADDITIONS/CHANGES TO OFFICERS	S AND DIRI	CTOR	S IN 12
TITLE	D	∏ DELETE	1.1 TITLE			☐ Ch		Addition
	BARDALES, ALDO G		1.2 NAME					
NAME	16751 NE 9TH AVENUE, SUITE 503		1.3 STREET	ANNESS				
STREET ADDRESS	N. MIAMI BEACH FL 33162		1.4 CITY-S					
CITY-ST-ZIP	D D	☐ DELETE	2.1 TITLE	1-ZIP		Ch	ange	Addition
TITLE	BURGOS, LAURA R	_ DELETE	22 NAME				-	
NAME	16751 NE 9TH AVENUE, SUITE 503		2.3 STREET	ADDDECC	1			
STREET ADDRESS	N. MIAMI BEACH FL 33162		2.4 CITY-9					
CITY-ST-ZIP	14. MIAWI BEACHT.PL 33 TOZ	☐ DELETE	3.1 TITLE	11-24		Ch	ange	Addition
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CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	1-ZIP		П¢	ange	Addition
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NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-21P		Пан	2070	Addition
TITLE		□ DELETE	5.1 TITLE 5.2 NAME				ungo	
NAME								
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			54 CITY-S	T-ZIP				□ Addicas
TITLE		DELETE	6.1 TITLE			□ Ch	ange	Addition
NAME			6.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T- ZIP				

Country

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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 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 attach more with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR