PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012428

EDAN BEYOND INTERNATIONAL, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90002 029 ***150.00



Principal Place	of Business	Mailing Address		
1200 DANBURY		1200 DANBURT AVENUE		
DAVIE-FL-33325-		DAVIE Ft 93925		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				02/05/1997
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 12717		26 12717 W. SU	MRISE PLV	
Suite, Apt.		Suite, Apt. #, etc.	VICTOR ECT	S8.75 Additional
22 186	.,	27 186		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be
23 SUNR	ISE IFL	28 SUNRISE, F	<u>_</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 3332	23 25 USA	29 33323 3	J USA	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent / \
0411	0 1140 F		81 Name	PAHAM B DAHMAN
GALLO, TUIS F				Address (P.O. Box Number is Not Acceptable)
120 0 Danbury Avenue Dav ie Fl. 33326 - -				717 W SUNPLSE BLVD. 186
DA VI	E FL 00020 —		83	
			84 City	1NRISE FL 85 ZD Code 33333
				INRISE FL 85 Zip Code 333333
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida Such orange was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	* James	IN	AGENT	1/5/99
42	Signature, typed or printed name of registered agert a OFFICERS AND		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	& PRESIDENT	DELETE		Change Addition
NAME	DAHMAN, AVRAHAM B		1.2 NAME	
STREET ADDRESS	10761 NW 14TH ST, STE 286		1.3 STREET ADDRESS	12717 W. SUNCISE BLUD # 186
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP	SUNRISE IFU 33323
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADORESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
. TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4,2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	·
-CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	}
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	•
STREET ADDRESS			6.3 STREET ADDRESS	and the second s
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CITY-ST-ZIP 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 of 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, with all other like empowered.

SIGNATURE: