

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



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

FILED

00 MAY -3 AM 7:56

DOCUMENT # P9700001682D

1. Corporation Name

MEN INTL, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6793 E. Colonial Dr Orlando, FL 32807 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/18/97

4. FEI Number

59-3426747

Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip Country

28. Zip Country

8. This corporation owes the current year intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

Nguyen, Mike 2262 Westbourne Dr Orlando FL 32765

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 change 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] DELETE 1.2 NAME Mike Nguyen 1.3 STREET ADDRESS 6793 E Colonial Dr Orlando, FL 32765 1.4 CITY-ST-ZIP

[] Change [] Addition 900003287929-9 -06/14/00--01011--016 ****150.00 ****150.00 [] Change [] Addition

2.1 TITLE [] DELETE 2.2 NAME Christine Tang 2.3 STREET ADDRESS 6793 E. Colonial Dr Orlando, FL 32807 2.4 CITY-ST-ZIP

[] Change [] Addition

3.1 TITLE [] DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

[] Change [] Addition

4.1 TITLE [] DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

[] Change [] Addition

5.1 TITLE [] DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

[] Change [] Addition

6.1 TITLE [] DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

[] Change [] Addition

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 attachment with an address, with all other like empowerment.

SIGNATURE:

Christine Tang President 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #