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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071626 (0)

FUSION INTERNATIONAL, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
362 LOS PRA		362 LOS PRADOS				
SAPEIT MAN	BOR FL 34695	SAFETY HARBOR FL 3469	5		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/18/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied	d For
21		26				plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>	\$8.75 Addit	•
22		27 P. O. BOX 16346			5. Certificate of Status Desired Fee Regular	
City & Stat	0	City & State	^ 1_T		6. Election Campaign Financing \$5.00 May	. Ba
23		28 CLEARNA	TER	FL	Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangi	ible
24	25	29 33766	30 C	SA	Personal Property Tax due June 30. X Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New Registered Agent	
BLE	enner, walter w		81	Name		
2708 ALT. 19 NORTH			02	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 701			02	Street Address (P.O. Box Number is Not Acceptable)		
	LM HARBOR FL 34683		83			
			84	City	FL 85 Zip Code	9
office or re agent. I a	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flor	s, the abov uthorized b ida Statute	re-named corp by the corporati es.	poration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as region	gistered stered
SIGNATURE	Signature, typed or printed harve of registered ag-	ont and bile if applicable (NOTE:	Registered Ag	jent signature require	ed when reinstating) DATE	 -
12.	OFTICE RS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PSTD	DELETE	1.1 TITLE			Addition
NAME	\$O LOMON, SERGIO G		1.2 NAME			
STREET ADDRESS	860 4 00 004000		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-			
TITLE		DELETE	2.1 TITLE	O1 2.1	☐ Change ☐	Addition
NAME			2.2 ŅAME			
STREET ADDRESS			,	T ADORESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE			3.1 TITLE	01-20	☐ Change ☐	Addition
NAME			3.2 NAME			,
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP		•	3.4. CITY-	* *		
TITLE		DELETE	4.1 TITLE	31-FIL	Change	Addition
NAME		prod access	4. 2 NAME	ŀ	سا ماهان ب	, . wallion
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-3	1		
TITLE		☐ DELETE		V1 E11	☐ Change ☐	Addition
NAME		_	5.1 TITLE 5.2 NAME			,
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-5			
TITLE			6.1 TITLE	Z1 All	☐ Change	Addition
MAME		Mount	6.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP						
	certify that the information supplied w	ith this filing does not qualify for	6.4 CITY-5		Section 119.07(3)(i), Florida Statutes. I further certify that the infor	rmation
indicated of officer or o	on this annual report or supplements	ti annual réport is true an d a ccur niver or trustee empowered to av	rate and th	at my signatur	re shall have the same legal effect as if made under oath; that I are shirt of the same legal effect as if made under oath; that I are shirted by Chapter 607, Florida Statutes; and that my name appears	m an

Presidat