**FILED** 

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90024 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000105875

1. Corporation Name

CIRCLE INTERNATIONAL SERVICES, INC.

Principal Place of Business Mailing Address							11.1961
10080 N.W. 4LN 10080 N.W. 4LN MIAMI FL 33172 MIAMI FL 33172							
					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
ļ						12/16/1997	
2. Principal Place of Business 2a. Mailing Address					Applied 5	or	
21		26				APPLIED FOR 65-0860540 Not Appli	icable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Addition	
22		27				5. Certificate of Status Desired Fee Required	I.
City & Stat	te	City	& State			6. Election Campaign Financing \$5.00 May B	3e
23		28				Trust Fund Contribution Added to Fee	S
Zip Country		Zip	-	Counti	У	8. This corporation owes the current year Intangible	
24 25 29				30		Personal Property Tax.	
	9. Name and Address of Curre	ent Registered	l Agent		41.5	10. Name and Address of New Registered Agent	
501	ANORI ITANIANI I			8	1 Name		
BOIANGIN, HANAN J			8	2 Street Ac	Address (P.O. Box Number is Not Acceptable)	-	
10080 N.W. 4LN			L		<u> </u>		
MIAI	MI FL 33172			8	3	·	İ
				8	4 City	FL 85 Zip Code	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Su	uch change was au	thorized b	v the corpora	corporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registers	ered ed
SIGNATURE						equired when reinstating) DATE	
	Signature, typed or printed name of registered ag				ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.		ND DIRECTO	DELETE	13.			Addition
TITLE	DPT HANAN I			1.2 NAME	ì		
NAME	BOIANGIN, HANAN J				ET ADDRESS		
STREET ADDRESS	10000				ı		
CITY-ST-ZIP	MIAMI FL 33172		DELETE	1.4 CITY- 2.1 TITLE		☐ Change ☐	Addition
TITLE	DPT COLANGE B		- DECENE	2.1 NAME			
NAME	BOIANGIN, SOLANGE P			1	ET ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33172		☐ DELETE	2.4 CITY		☐ Change ☐	Addition
TITLE			- octric	3.2 NAME	}		
NAME							
STREET ADDRESS				4	ET ADDRESS		
CITY-ST-ZIP				3.4 CITY	·ST-ZIP	_	

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 troe 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 of powered 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 attachniert with an address, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

BOJAOGIN

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

Addition