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

Mailing Address

5215 NW 33RD AVE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000031534

1. Corporation Name

Principal Place of Business

INTERNATIONAL INDUSTRIAL CORP

5215 NW 33RD AVE FORT LAUDERDALE FL 33309			5215 NW 33RD AVE FORT LAUDERDALE FL 33309						DO NOT WRITE IN THIS SPACE							
										Date Incorporat 04/06/1998	ed or Qualif	ed				
2. Principal Place of Business				2a. Mailing Address						FEI Number	rnn 6			L		lied For
21			26	<del></del>						<u>65:083</u>	500:	<u> </u>		60		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5.	. Certifcate of Sta	tifcate of Status Desired   \$8.75 Additional Fee Required						
City & State	•		28	City & State					6.	Election Campa Trust Fund Con	•	ng [	<u> </u>		.00 N	lay Be Fees
Zip 24	Co. 25	intry	29	Zíp	[3	Countr 30	У		8.	This corporation Personal Prope		current		ngible Ye		⊒No
<del></del>	9. Name and Ad	dress of Current	Regis	stered Agent					10.	. Name and Add	iress of Ne	w Reg	istered /	\gent		
						81	ı	Name			•					
SASS, JUAN H 4100 GALT OCEAN DRIVE						82	†	Street A	Address (F	P.O. Box Number	is Not Acce	aptable	)			
#1706							3		(							
FORT LAUDERDALE FL 33308							+	City					FL	85	Zip C	ode
office or re agent. I ar	to the provisions of segistered agent, or being familiar with, and a	oth in the State o	f Florid	da Such chan	de was aut	tnonzed by	ľ	-named on he corpo	corporatio oration's b	on submits this sta coard of directors.	atement for t I hereby ac	ховът п	в арроп	changi itment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed	name of registered agent	and title	if applicable.	(NOTE: F	Registered Age	ant:	signature re	•				DATE			
12.		OFFICERS AND	DIRE	CTORS		13.				ADDITIONS/CH/	ANGES TO	OFFIC	ERS AN			
TITLE	PSTD			□ D	ELETE	1.1 TITLE								☐ CH	ange	☐ Addition
NAME	SASS, JUAN H					1.2 NAME										
STREET ADDRESS	4100 NW 33RD	AVE, #1706				1.3 STREE	T/	ADDRESS								
CITY-ST-ZIP	FORT LAUDERD	ALE FL 33308				1.4 CITY-	ST-	-ZIP	_							
TITLE				□ D	ELETE	2.1 TITLE			DV.		.i 1			□ CI	nange	Addition
NAME						2.2 NAME			Ghiti	s, Rober	78 L.					
STREET ADORESS	* ••	• • • •		• •		2.3 STREI	ET/	ADDRESS		NW 45.					-	
C/TY-ST-ZIP						2. 4 CITY-	ST	-ZIP	SUNR	use, FL			_			
TITLE				□ D	ELETE	3.1 TITLE									nange	☐ Addition
NAME						3.2 NAME										
STREET ADDRESS						3.3 STRE	ĘΤ	ADDRESS								
CITY-ST-ZIP						3.4. CITY-	ST	-ZIP					_			
TITLE					ELETE	4.1 TITLE								□ CI	nange	☐ Addition
NAME						4. 2 NAME	•									
STREET ADDRESS						4.3 STRE	ET/	ADDRESS								
CITY-ST-ZIP						4.4 CITY-	ŞT-	-ZIP								
TITLE					ELETE	5.1 TITLE		Ì			•				nange	Addition
NAME						5.2 NAME								,		
STREET ADDRESS						5.3 STRE	ET/	ADDRESS								
CITY-ST-ZIP						5.4 CITY-	-	-ZIP								
TITLE	_				ELETE	6.1 TITLE								CI	nange	Addition
NAME	_					6.2 NAME										
STREET ADDRESS	,					6.3 STRE	ΕĪ	address '								

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 suppliemental 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 empowered.

**FILED** 

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90036 007 \*\*\*158.75