PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

,	1999	1	DIVISION OF C	ORPORA	TIONS	}	0	3-24-1999 900	54 005 ***	150.00)	
7. Corporation	MENT # V61 NTERNATIONAL, INC.											
LEGIT						}	1 1 100 11 1 110	na arnan maan mana dahka	1121 2 1211 11111 3 1	Di aran di	3 01 31301 1 33 1	
Principal Place	e of Business	Mail	ing Address	-			* 18811 \$116	(O B()D) (1881)1811 VAIIS	II DI 41911 BIBIT BI	,,,, 0 ,, 0 ,, 0,	411 818 27 1881	
5375 214TH CO												
BOCA RATON I			İ		DO NOT WRITE	IN THIS SPA	.CE					
00	•	US				f	3. Date Incorpor					
							09/01/1993	2				
	lace of Business	2a. 1	Mailing Address				4. FEI Number				lied For	
21	· · · · · · · · · · · · · · · · · · ·	26					<u>65-035708</u>	8			Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of S	Status Desired	□ \$ ⁵	6.75 A Fee Red	dditional	
City & Stat	0222	27	City & State				. 51 -11 0	· · · · · · · · · · · · · · · · · · ·			·	
23	**************************************	28	ony a diano.				6. Election Cam			55,00 r Added to		
Zip	Country		<u>Zip</u>	Count	ry	- 		on owes the curren				
24	25 29 30					Personal Property Tax. Yes No						
	9. Name and Address o	f Current Registe	red Agent					dress of New Reg	gistered Ager	t		
CUL	D I ADIOLAV LEO			8	1 Name	RO	MAN T.	GUHR			ſ	
GUHR, LADISLAV LES 400 NE 20TH STREET #314						Address	Idress (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431						537	5 214 44	C+ 1				
500	A MAION I E SONOT			8	3							
	;			8	4 City	200	A RATON	.1	E1 85	Zip C	ode	
44 Dusquant	to the provinces of Costions	607 0502 and 602	1508 Florida Statuta	s the abo	L named	_			FL			
office or r	to the provisions of Sections egistered agent, or both, in the m familiar with, and accept the	ne State of Florida	Such change was au	thorized b	y the corp	oration's	s board of director	s. I hereby accept t	he appointme	nt as reg	istered	
	m familiar with, and accept th	ne obligations of, S	section 807.0505, IF on	da Statute I	ıs.			3/27	100			
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if a	pplicable. (NOTE: I	Registered Ag	ent signature	required wh	en reinstating)		DATE			
12.	OFFIC	ERS AND DIREC	това	13.			ADDITIONS/CI	HANGES TO OFFIC			RS IN 12	
πιε	DPTS		DELETE	1.1 TITLE		P	_			Change	☐ Addition	
NAME	GUHR, LADISLAV LES			1.2 NAME		CUH	IR, ROMAN 15 214th C) L o			1	
STREET ADDRESS	400 NE 20TH STREET		•	1.3 STRE	ET ADDRESS	231	15 214th U	5 3 324.01	2		1	
CITY-ST-ZIP	BOCA RATON FL		T DELETE	1.4 C/TY-				1, FL 33486			□ # dd:#:	
πιLE ,	DP	•	☐ DELET€	2.1 TITLE		VTS			<u> </u>	Change	Addition	
NAME	GUHR, ROMAN			2.2 NAME	•	504	TR, NORA 5 ZI4th C	1			1	
STREET ADDRESS	5375 214TH COURTS	•		II.	ET ADDRESS	800	A DATON	PL 3348	26		1	
CITY-ST-ZIP TITLE	BOCA RATON FL 33486 TS	<u> </u>	DELETE	2.4 CITY		300	71. 107(101)			Change	Addition	
NAME	GUHR NORA			3.2 NAME		į			J	J -	_ " "	
STREET ADDRESS			1	ET ADDRESS								
CITY-ST-ZIP	7.001 7.1001 7. 07.101		3.4. CITY-		ĺ					l		
TITLE			DELETE 4.							Change	Addition	
NAME				4, 2 NAMI	Ē						1	
STREET ADDRESS				4.3 STRE	ET ADDRESS]						
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	<u></u>		·				
TITLE	· ·		☐ DELETE	5.1 TITLE		_		-		Change	Addition	
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STREET ADDRESS			-		ET ADDRESS	1					}	
CITY-ST-ZIP			□ nerete	5.4 CITY-		<u> </u>		, ,		Shanan	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 affaichment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 561-338-8843

Daytime Phone #

SR2E034 (11/98

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