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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094636 (4)

NORTH SOUTH INTERNATIONAL INC.

Principal Place of Business Mailing Address										
2645A N.W. 20 MIAMI FL 3314		2645A N.W. 20TH STREE Miami FL 33142-7105	2645A N.W. 20TH STREET MIAMI FL 33142-7105							
						3. Date Incorporated or Qualified 12/13/1995	3a. Date of 04/30/1		eport	
	Place of Business	2a. Mailing Address	— ₁			4. FEI Number		Ap	plied For	
Suite, Apt.	# oto	26 Suite Ant # ste	26			65-0625703		! -	t Applicable	
22	#, 0 (0.	<u> </u>	27			5. Certificate of Status Desired		6.75 A Fee Re	Additional	
I City & Stat	6	City & State	• — • · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		5.00	·	
23		28	28			Trust Fund Contribution		Added to		
Zip	Country Zip C		Cou	Country 8. This corporation has liability to			or intargible tax under s. 199.032,			
24	25	29	30			Florida Statutes				
	9, Name and Address of Curren			81	Name	10. Name and Address of New Reg	istered Agen	ıt		
	rporate creations enterpri 1 pga bnlvd,.	SES INC.		01	name					
	TE 211					et Address (P.O. Box Number is Not Acceptable)				
	M BEACH GARDENS FL 33418		83							
I Ala	m benott antibetto le corto			84	City		85	Zip C	Code	
					•	_		,		
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligations.	≥ and 607.1508, Florida Statu of Florida Such change was itions of, Section 607.0505, F	iles, the a authorize Iorida Sta	bove d by tutes	rnamed the corp :	corporation submits this statement for the pu location's board of directors. I hereby accept	rpose of char the appointm	nging its sent as r	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	/				tequired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	TORS 13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 12	
TITLE	DOFLETE		1.5 TI	1.5 TITLE		.P I hada		Change	Addition	
NAME	A A A A A A A A A A A A A A A A A A A			1.2 NAME		Manuel Airala 2645-A N.W. 20thst.				
STREET ADDRESS	% 2645A N.W.20TH ST.	HAND EL ANGEN								
CITY-ST-ZIP				1.4 CITY-ST-ZIP		Miami, FL 33142		/		
TITLE NAME	AMBALA GURAPUM			2.1 TRLE S 2.2 NAME Y		marta Airala 2645-AN.W. 20th	اسکا ادم	change	Addition	
STREET ADDRESS	% 2645A N.W.20TH ST.				ADDOLOG	2645-AN.W. 20	51.			
CITY-ST-ZIP	MIAMI FL 33142			2 3 STREET ADDRESS 2 4 CITY-ST-7/P		Miami, FL 33142				
TITLE	DELETE 31				1-0r	manny FL Joi 12		Change	Addition	
NAME			3.2 N							
STREET ADDRESS			3.3 \$1	IREE L A	ADDRESS					
CITY-ST-ZIP			3.4. C	(TY - ST	T- ZIP					
TITLE		☐ DELETE	4.1 TI	TLF				Change	Addition	
NAME			4, 2 N	IAME		•				
STREET ADDRESS			4.3 S1	IREET /	ADDRESS					
CITY-ST-ZIP				TY-ST	- ZIP					
TITLE NAME		☐ DELETE	5.1 Ti				□ (Change	Addition	
			5.2 N/		ALIADROS .				1	
STREET ADDRESS CITY-ST-ZIP					ADDRESS				İ	
TITLE		DELETE	6.1 TI	14-51 TLE	1-211		————	Change	Addition	

14. I do 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 eath, 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.

6.4 CITY - \$1 - 7IP

6.2 NAME

CONSTUDE. CL STATE LITTON PORTUGO

NAME

STREET ADDRESS

4/20/97 /305/128 7900

FILED

May 13 1997 8:00am

Secretary of State