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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 494354

WARLOCK INTERNATIONAL, INC.

		•	
Principal Place of Business	Mailing Address		
9291 S.W. 85TH STREET	P.O. BOX 522815		
MIAMI FL 33173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE
US	บร		
			3. Date Incorporated or Qualifed 03/16/1976
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-1795319 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip ! Country	Zip	Country	8. This corporation owes the current year Intangible
24 25	<u></u> — '	30	Personal Property Tax.
9. Name and Address of Cu	<u> </u>	[30]	10. Name and Address of New Registered Agent
) S. Name and Address of Odi	Total Registered Agent	81 Name	
ARROYO, ROBERTO E.			
9291 S.W. 85TH ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33173		83	<u></u>
INDAN 1 E GOTTO		63	
		84 City	85 Zip Code
			poration submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the ob-		Registered Agent signature require	
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1,1 TITLE	Change Addition
NAME ARROYO, ROBERTO E.		1.2 NAME	
STREET ADDRESS 9291 S.W. 85TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY+ST-ZIP	
TITLE VST	☐ DELETE	2.1 TITLE	Change Addition
NAME ARROYO, GILDA 1.		2.2 NAME	
STREET ADDRESS 9291 SW 85TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2, 4 CITY+ST-ZIP	·
TITLE V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME LOPEZ, RAMON		3.2 NAME	
DOOL DOIGHTH AND TOO	-	3.3 STREET ADDRESS	· · ·
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•
CITY-ST-ZIP. MIAMI FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Additio
TITLE	_ believe	1	
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP.		4.4 CITY-ST-ZIP	[] OL [] A3486-
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADORESS		5.3 STREET ADDRESS	
CITY-ST-ZIP.		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information late and that my signature shall have the same legal effect as if made under oath; that I am an oute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver of trustee empowered to explore the property of the corporation of the receiver of trustee empowered to explore the property of the corporation of the receiver of trustee empowered to explore the property of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the co her like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

3/11/79 (301) 242-3711 Data Daytife Phone #

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

03-24-1999 90085 020 ***158.75