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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 855682



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90088 048 ***158.75

TROPICA	AL CENTER N.V.						
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Principal Place	e of Business	Mailing Address			- 108th iaint aire aire aire bitte the cut arate	albit aíalt aratt i	B) 6) 1 E(E() (E))
2307 DOUGLAS	ROAD	2307 DOUGLAS ROAD				•	
500 500 AMANU EL 2014E					DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33149 US	5	MIAMI FL 33145 US			3. Date Incorporated or Qualifed		
03		00			02/23/1983		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	An	pplied For
	lace of Busiliess	26 Walling Address			52-1289177		ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			1	\$8.75	
	m, Gtd.	27			5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	
Zip	Country	Zip	Coun	ry	8. This corporation owes the current year in	tangible	
24	25	<u></u> ⊢ ·	30		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
			1	Name			
INTE	ERNATIONAL SUNSHINE CORP		-	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
2307	7 DOUGLAS ROAD			Street Addi	ress (F.O. Box Nulliber is Not Acceptable)		
SUIT	TE 500		Įī	13			
MAN	VII FL 33145		L			100 7:01	Codo
	· · · · ·			City	FL	85 Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	tnorizea	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered
•							
SIGNATURE	Signature, typed or printed name of registered agen			gent signature require			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	Registered A	gent signature require		ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent signature require			
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAM	gent signature require			
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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 first 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 appress, with all other that it is a proposed.

Signat SIGNATURE AND TYPED OR PRINTED