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 # 469357

1, Corporation		•							
INTERNA	ATIONAL PROPERTIES, INC.								B(S); B(S) +85+
D	(8)	Mailine Addrson				<u>-</u>			
Principal Place of Business Mailing Address AND MARCIA P. CAPALISPO.						1			
C/O MARCIA B CABALLERO MIAMI FL 33175 C/O AMRCIA B CABALLERO MIAMI FL 33175 C/O AMRCIA B CABALLERO MIAMI FL 33175				1					
US MIAMI FL 33175				•		DO NOT WRITE IN THIS SPACE_			
US						3. Date Incorporated or Qualifed			
						02/20/1975			
Principal Place of Business 2a. Mailing Address			ess			4. FEI Number	Applied For Not Applicable		
21		26	-4-			59-1595507			Additional
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			5. Certifcate of Status Desired		•	equired
City & Stat		- 27 City & State				6. Election Campaign Financing			
	.e	28	Only & States			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	untry		8. This corporation owes the curre	nt year Inta	ngjole	
24	25 29		30	60		Personal Property Tax.			
	g. Name and Address of Current					10. Name and Address of New R	egistered A	gent	
				81 N	Name				
CABALLERO, MARCIA B				82 S	Street Addr	ss (P.O. Box Number is Not Acceptable)			
2450 SW 137TH AVE STE 221									
MAIM	AI FL 33175	,		83					i
				84 0	City			85 Zip	Code
					-		<u>FL</u>	1	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Flori	da Statutes, the	above-na	amed corp	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of o	changing its tment as re	s registered egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.	5505, Florida Sta	itutes.			• •		
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent of OFFICERS AND		(NOTE: Registere		nature require	d when reinstatung) ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
12. πης	PSD OFFICERS AND			TITLE	P	/V/T/D	102,102,111	Change	Addition
NAME	VALERA; ALBERTO		1.21			ALERA, ALBERTO	-	-	
STREET ADDRESS				1.3 STREET ADDRESS 2		450 SW 137 AVENUE			1
CITY-ST-ZIP	MAMI-FL		1.41	CITY-ST-ZI	p M	LAMI, FL			
TITLE	₩ DELETE		ELETE 2.1	2.1 TITLE				Change	Addition
NAME	-VALERA, ALBERTO		2.2	NAME		ALERA, ESTHER			
STREET ADDRESS	ALTO CITY ACTUAL TO			2.3 STREET ADDRESS 2		450 SW 137 AVENUE			
CITY-ST-ZIP	-MIAMI-FL		2.4	CITY-ST-Ž	iP M	IAMI FL			
TITLE		D	ELETE - 3.1	TITLE			-	Change	Addition
NAME			3.2	NAME	1				}
STREET ADDRESS			3.3	STREET AD	DRESS				
CITY-ST-ZIP				CITY-ST-Z	IP .			Character Character	
TITLE		□ D		TITLE				☐ Change	☐ Addition
NAME				NAME					Į
STREET ADDRESS				STREET AD	1				
CITY-ST-ZIP				CITY-ST-ZI	P ,			☐ Change	Addition
TITLE				TITLE NAME	•				
NAME					nosee				
STREET ADDRESS				STREET AD					}
CITY-ST-ZIP		П.		CITY-ST-ZI TITLE	-			☐ Change	Addition
TITLE				NAME					
NAME				STREET AD	DRESS !				-
STREET ADDRESS	I		0.3						

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 67 on an attad mant with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

LE COUNTRIES SIUMALUM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A BERTO VALERA (PRES

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90047 024 ***150.00