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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 485627

(4)

POMAN INTERNATIONAL, INC.

FILED
Apr 15 1998 8:00am
Secretary of State

Principal Place of Business			Mailing Address					1 (00)(1 8180 1218 2118 0118 1011 122 2121 2121
131 E. COMMERÇIAL BLVD.			131 E. COMMERCIAL BLVD.					
P.O. BOX NO. 24445 FT. LAUDERDALE FL 33334			P.O. BOX NO. 24445 FT. LAUDERDALE FL 33334					DO NOT WRITE IN THIS SPACE
TH. CHOPENO	7 L 00001		·	. Diggs, onles 12 vi				3. Date Incorporated or Qualified 09/02/1975
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For	
21			26					59-1721274 Not Applicable
Suite, Apt. #. etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22			27					Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23 Couples			28					Trust Fund Contribution Added to Fees
I ZIP		Country		Zip	<u> </u>	ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25	Address of Current	29	Pered Acent	30			Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent
	STANZO, ESQ		(TION D	ereo Agent		81	Name	
100 BISCAYNE BLVD., NO SUITE 1001						82	Street /	et Address (P.O. Box Number is Not Acceptable)
•	AMI FL 33132					В3		
11116	WHITE GOIDE							
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or pro	nted name of registered ager	nt and tibe	if applicable (NC	TE. Registe	red Age	nt signature	ture required when reinstating) DATE
12.		OFFICERS AND	DIREC		13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	•		☐ DELETE	1.1	TITLE		Change Addition
NAME	88-MAN, F.				1.2	NAME		
STREET ADDRESS		IMERCIAL BLVD.			1.3	STREET	ADDRESS	s
CITY-ST-ZIP	FT. LAUDE	HUALE FL				CITY-S	T-ZIP	
TITLE	8D	III OLIANI		☐ DELETE		TITLE		Change Addition
NAME	PO-CHE, SI					NAME		
STREET ADDRESS	FT. LAUDER	IMERCIAL BLVD.			1		ADDRESS	\$
CITY-ST-ZIP	TI. LAUDER	NUALE FL		DELETE	_	CITY-S	iT - Z↓P	Change Addition
TITLE	SIU, VINCE	NT		LJ VELEIE		TITLE		Change C Abouton
NAME OVERT ADDRESS	464 E COMMEDOM DIVID			3.2 NAME 3.3 STREET ADDRESS		AUDDLOG		
STREET ADDRESS	FT. LAUDE					. CITY-S		\
CITY-ST-ZIP TITLE	71.01000	THE PERSON P. R.		DELETE		TITLE	11 . TIL.	☐ Change ☐ Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	s
CITY-ST-ZIP						CITY-S	1	
TITLE	·			DELETE	_	TITLE		Change Addition
NAME					5.2	NAME		
STREET ADDRESS					5.3	STREET	ADDRESS	s
CITY-ST-ZIP						CITY-S	1	
TITLE				☐ DELETÉ	_	TITLE		Change Addilion
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	s
CITY-ST-7IP	-				64	CITY-S	T-7 P	

14. Thereby 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 altachment with an address.

VTAICALT ST

4/8/1998 (954) 701-420