

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90186 001 ***476.25

DOCUMENT # 538739

1. Corporation Name
INTERNATIONAL INVESTMENTS OF AMERICA, INC.

Principal Place of Business
P.O. BOX 11046
FORT LAUDERDALE FL 33339-1046

Mailing Address
P.O. BOX 11046
FORT LAUDERDALE FL 33339-1046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1977

4. FEI Number
59-1766041

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
1. PO Box 480760

2a. Mailing Address
26. PO Box 480760

Suite, Apt. #, etc.
2. Suite, Apt. #, etc.

Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

City & State
3. FT. LAUDERDALE, FL

City & State
28. FT. LAUD, FL

Zip Country
4. 33348 25. USA

Zip Country
29. 33348 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, REUBEN
2021 TYLER ST
HOLLYWOOD FL 33022

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, PIERRE	1.2 NAME	
STREET ADDRESS	2115 NW 10TH TERR #110 PO Box 480760	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL, 33348	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, PIERRE	2.2 NAME	
STREET ADDRESS	2115 NW 10TH TERR #110 PO Box 480760	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL, 33348	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 attachment with an address, with all other like empowered.

4-15-00

954-564-1119