


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90101 003 ***150.00

0367562

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 606727

1. Corporation Name
A.Z. INTERNATIONAL SALES CORPORATION



Principal Place of Business 3200 SHAWNEE AVE. STE 6 WEST PALM BEACH FL 33409 US	Mailing Address 3200 SHAWNEE AVE. STE 6 WEST PALM BEACH FL 33409 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/16/1979

2. Principal Place of Business 21 3330 2nd Avenue No. Suite, Apt. #, etc. 22 Suite # 8 City & State 23 Lake Worth, FL Zip 24 33461 Country 25 U S A	2a. Mailing Address 26 3330 2nd. Ave. No. Suite, Apt. #, etc. 27 Suite # 8 City & State 28 Lake Worth, FL Zip 29 33461 Country 30 U S A
---	---

4. FEI Number 59-1985905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ZWICKEL, ABRAHAM
3200 SHAWNEE AVE.
UNIT 6
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent

81 Name Abraham Zwickel
82 Street Address (P.O. Box Number is Not Acceptable) 3330 2nd. Ave. NO. Suite #8
83 City Lake Worth, FL
84 City FL
85 Zip Code 33461

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 *Abraham Zwickel* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PTD	<input type="checkbox"/> DELETE
NAME ZWICKEL, ABRAHAM	
STREET ADDRESS 3200 SHAWNEE AVE., UNIT 6	
CITY-ST-ZIP WEST PLAM BCH. FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Abraham Zwickel	
1.3 STREET ADDRESS 3330 2nd. Ave. No. Suite #8	
1.4 CITY-ST-ZIP Lake Worth, FL 33461	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Abraham Zwickel* SIGNATURE REPRODUCED TO ABRAHAM I ZWICKEL 4-20-1999 561-432-0168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)