COF	PROFIT PPORATION JAL REPORT	FLORIDA DEP/	IS \$550.00 ARTMENT OF STATE B. Mortham lary of State	Jan 23 19 Secreta		
	1998 MENT # 67406	<u> </u>	CORPORATIONS		1 y 01 5	luit
	AH INTERNATIONAL, INC.	. (.)			AN ANNAN ANNA ANNA ANNA AN	
Principal Plac 2181 W. 73R		Mailing Address				
HIALEAH FL		2191 W. 73RD STREET HIALEAH FL 33016			IN THIS SPACE	
				3. Date Incorporated or Qualified 06/19/1980		
2. Principal P	lace of Business	2a. Mailing Address		4. FEt Number 59-2005945		pptied For ot Applicab
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	e	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00	May Be to Fees
Zip 14	Country 26	Zip 29	Country 30	 This corporation owes or has pa Personal Property Tax due June 	id the current year In 30. XYes	
ME	9. Name and Address of Currer NOSCAL, ELOY	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
HI	ALEAH FL 33016		63			
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508, Florida State	84 City	poration submits this statement for the p	FLII	Code
SIGNATURE			84 City Letes, the above-named corr authorized by the corpora lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	PL purpose of changing is of the appointment as	
SIGNATURE	Signature, typed or printed name of registered apr	ant and little if applicable (NC D DIRECTORS	B4 City above-named correct authorized by the corporation of the corporation of the corporation of the statutes. TE Registered Agent signature requires 13.		DATE	ts registered registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ap OFFICERS AN MENOSCAL, ELOY 12616 NW 12TH CT	ent and little if applicable (NC	B4 City Utes, the above-named corr authorized by the corpora lorida Statutes. TE Registered Agent signature required 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	irod when reinstating)	PL purpose of changing in of the appointment as DATE	ts registered registered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registered age OFFICERS AN P MENOSCAL, ELOY	ant and little if applicable (NC D DIRECTORS	84 City Jtes, the above-named correlation authorized by the corporation Iorida Statutes. Temperature requirements 11 TREE 1.1 TREE 1.3 STREET ADDRESS 1.4 City - Strain 2.1 TITE 2.2 NAME	irod when reinstating)	DATE	ts registered registered RS IN 12
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