## 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** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90049 048 \*\*\*150.00

, 1. Corporation	MENT # 674064 I INTERNATIONAL, INC.				
Principal Place	of Business	Mailing Address			I G(A)t BIEtt BIBIt BIBIT BIBIT TERL
2181 W. 73RD STREET 2181 W. 73RD STREET					
HIALEAH FL 33016 HIALEAH FL 33016					0.004.05
				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE
				06/19/1980	
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ace of business	26		59-2005945	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I     Personal Property Tax.	ntangible No  !
24	9. Name and Address of Curren	29 3	0	10. Name and Address of New Registere	
-	3. Name and Address of Curren	( Registered Agent	81 Name		
MENOSCAL, ELOY			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
2181 W. 73RD STREET			62 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016			83		
			84 City		85 Zip Code
!				F	
office or re agent. I at SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Floric	horized by the corporation is Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
			egistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO GITTCERS	Change Addition
NAME	MENOSCAL, ELOY		1.2 NAME		- ,
STREET ADDRESS	12616 NW 12TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MENOSCAL, BEATRIZ		2.2 NAME		
STREET ADDRESS	12616 NW 12TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	Section 1995	Change Addition
NAME	MENOSCAL, FRANCISCO		3.2 NAME		į
STREET ADDRESS	733 S.W. 157TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	E) DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addison
NAME	MENDEZ, MARIA 15120 E. FALCON'S LEA		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVIE, FL 00000	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			64 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.

