


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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836715 (3)

1. Corporation Name
INTERNATION INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 11597
FT LAUDERDALE FL 33339

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FT LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1976

4. FEI Number

59-1795082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **2901 Middle River Dr.**

2a. Mailing Address
26 **P.O. Box 11597**

22 Suite, Apt. #, etc.
23 **FT. LAUD. FL**

27 Suite, Apt. #, etc.
28 **FT. LAUD. FL**

24 Zip **33306** 25 Country **USA**

29 Zip **33339** 30 Country **USA**

9. Name and Address of Current Registered Agent

DOMBROWE, MARY ANN
3500 N.E. 12TH AVE.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name **DOMBROWE, MARY ANN.**
82 Street Address (P.O. Box Number is Not Acceptable)
2901 MIDDLE RIVER DRIVE.
83
84 City **FT. LAUDERDALE FL** 85 Zip Code **33306**

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 **MARY ANN DOMBROWE, Sec.** **Mary Ann Dombrowe** **3/23/98.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FRANCESCO, HARRY DI**
STREET ADDRESS **3500 N.E. 12TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **DOMBROWE, MARY ANN**
STREET ADDRESS **3500 NE 12TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2901 MIDDLE RIVER DR.**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2901 MIDDLE RIVER DR.**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE **Mary Ann Dombrowe**

3-23-98 954-630-1677

CR2E034 (10/97)