

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 P.O. BOX 11597 FT LAUDERDALE FL 33339	Mailing Address P.O. BOX 11597 FT LAUDERDALE FL 33339
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/20/1976

2. Principal Place of Business 21 2901 Middle River Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 11597 Suite, Apt. #, etc.
22	27
23 City & State FT. LAUD. FL	28 City & State FT. LAUD. FL
24 Zip 33306	25 Country USA
29 Zip 33339	30 Country USA

4. FEI Number 59-1795082	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<input type="checkbox"/> DELETE
NAME	FRANCESCO, HARRY DI	
STREET ADDRESS	3500 N.E. 12TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOMBROWE, MARY ANN	
STREET ADDRESS	3500 NE 12TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2901 MIDDLE RIVER DR.
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2901 MIDDLE RIVER DR.
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
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.

SIGNATURE *Mary Ann Dombrowe* **3-23-98 954-630-1670**

CR2E034 (10/97)