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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

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1. Corporation Name

INTERNATION INVESTMENT CORPORATION

Principal Place of Business

2901 MIDDLE RIVER DR
FT LAUDERDALE FL 33306
US

Mailing Address

P O BOX 11597
FT LAUDERDALE FL 33339
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BOMBROWE, MARY ANN
2901 MIDDLE RIVER DR
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 2901 MIDDLE RIVER DR
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE S ☐ DELETE
NAME DOMBROWE, MARY ANN
STREET ADDRESS 2901 MIDDLE RIVER DR
CITY-ST-ZIP FT. LAUDERDALE FL 33306

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
1.4 CITY-ST-ZIP

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

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME JENNIFER DOMBROWE
3.3 STREET ADDRESS 2901 MIDDLE RIVER DR.
3.4 CITY-ST-ZIP FT. LAUDERDALE FL 33306

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME MARY ANN DOMBROWE
4.3 STREET ADDRESS 2901 MIDDLE RIVER DR.
4.4 CITY-ST-ZIP FT. LAUDERDALE FL 33306

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, with all other like empowered.

SIGNATURE: Mary Ann Dombrowe 3-15-99 (954) 630-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY ANN DOMBROWE PRES

CR2E034 (1/98)