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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F57189

DENKO INTÉRNATIONAL SALES INCORPORATED

Principal Place of Business 301 ALMERIA STE 210 CORAL GABLES FL 33134

Mailing Address

FILED May 15 1998 8:00am Secretary of State



301 ALMERIA STE 210 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1981 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 59-2141872 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SACASA, DENNIS J 301 ALMERIA STE 210 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 **B3** City **B4** 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.3 TITLE SACASA, DENNIS J NAME 1.2 NAME 301 ALWERIA #210 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 HILE TITLE SACASA, SYLVIANE 2.2 NAME NAME 301 ALMERIA #210 STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DFLETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(TY-ST-7)P City-St-Zip Addition DELETE Change TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-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 suppliemental 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 an address

April 29'98