May 06, 1999 8:00 am Secretary of State

05-06-1999 90007 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # FOO

1. Corporation	OUR INTERNATIONAL, IN						
Principal Place of Business Mailing Address					f (BB)(BB (IIIB 151EB (11(1) BB(1) BB(1) BB(1) BB(1)	8 pill 68 ili 88 i 44	11117 (88) (88)
1775 BROADWAY 1775 BROADWAY							
SUITE 710 SUITE 710					DO NOT WOLLD IN THIS SPACE		
NEW YORK NY 10019 NEW YORK NY 10019					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					01/05/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
26				13-3541029	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added to	o Fees
Zip			Country		This corporation owes the current year In Personal Property Tax.	ntangible	Z¥No
24	9. Name and Address of Curre		30]		10. Name and Address of New Registered		
	5. Name and Address of Com	ent Registered Agent	81	Name	70. Hallio allo Adologo el Hell Adgletico		
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	 			
			<u> </u>	<u> </u>		- C-1 2	
			84	City	FI	85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered a	<u></u>		nt signature requ	uired when reinstating} DATE	LID DIDECTO	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TMLE	P	C) DETELE	1.1 TITLE	l			
NAME			1.2 NAME 1.3 STREET ADDRESS		1 COLUMBUS PLACE #N-3	3.3.13	ĺ
NEW YORK AND ADDR		U			NEW YORK, NY 10019	מננ	
CITY-ST-ZIP TITLE	NEW TORK NT 10023	☐ DELETE	1.4 CITY- S 2.1 TITLE	51-ZIP	NEW TORK, NI 10019	[] Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	DRESS			TADDRESS			
CITY-ST-ZIP			2. 4 CITY-				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	}			
STREET ADDRESS	1		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	-ZIP		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP_			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ļ		Change	☐ Addition
NAME			5.2 NAME	T &DDOFF5			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	21-CIF		☐ Change	Addition
TITLE		☐ Sereie	6.2 NAME			,,,,,,,,,	
NAME STREET ADDRESS				T ADDRESS			į

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.

STREET ADDRESS