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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400000500

1. Corporation Name

MSP INTERNATIONAL INC.

| Principal Place of Business | Mailing Address | | | | 1 1981149 (114 1811 618 | | | ,,,,, | | , |
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| 51 EAST 42ND STREET | 1 CENTRAL PARK WEST | | | 1 | | | | | | |
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| NEW YORK NY 10017 NEW YORK NY 10023 | | | | 3 Dot | e Incorporated or C | | 11113 | 3F AUL | | |
| US | US | | | 1 | | <u>ruanieu</u> | | | | |
| | Do Mailing Address | | | | /02/1994 Number | - | | - 1 3 | Applie | ed For |
| 2. Principal Place of Business | 2a. Mailing Address | | <u></u> | | -3602319 | | | ╼┾┽ | | pplicable |
| 21 | 26 Suite Apt # pte | | | 13 | 30023 19 | - : ::- | | \$9.7 | 5 Add | ··- |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5, Cer. | tifcate of Status De | sired [| | • - | Requi | |
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| City & State | <u>⊢</u> • | | | 1 | ction Campaign Fin st Fund Contributio | - 1 | | | ed to F | |
| 23 Country | Zip | Count | rv | | s corporation owes | | vear Inte | | | |
| Zip Country | · | 30 | ' ' | 1 | sonal Property Tax | | year iiita | Yes | | No |
| 24 25 25 Name and Address of | 29 Current Registered Agent | 30 | | | me and Address of | | istered A | | | |
| 9. Name and Address of | Anisair iradioresan Adam | 8 | 1 Name | | | | | _# | | |
| BREIT, RICHARD H. | • | ٠ ـ | 1 | | | | | | | |
| EMERALD LAKE CORP PARK | | 8 | 2 Street | : Address (P.O. E | Box Number is Not | Acceptable | •) | | | |
| 3111 STIRLING RD | | 8 | - | <u> </u> | | | | | | |
| FT LAUDERDALE FL 33312 | | ľ | ٦ | | | | | | | |
| TI DAUDENDALE TE 33012 | | 8 | 4 City | - | | | FL | 85 2 | ip Coc | ie] |
| 11. Pursuant to the provisions of Sections 6 | | | | | | | | 1 | illa ene | pistored |
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| agent. I am familiar with, and accept the | e obligations of, Section 607.0505, Flor | rida Statute | y the con | ooration's board | or directors. I heres | | ia apponi | iment as | | tered |
| agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist | e obligations of, Section 607.0505, Flor | nda Statute | ss. | required when reinstat | ting) | | DATE | | | |
| agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist 12. OFFICE | e obligations of, Section 607.0505, Flor tered agent and title if applicable. (NOTE: RS AND DIRECTORS | Registered Ag | ent signature | required when reinstat | of directors. Theres | | DATE | D DIREC | CTORS | 5 IN 12 |
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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.

6.4 CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90042 043 ***150.00