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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000394 (4)

Principal Place of Business	Mailing Address
THREE RIVERWAY, SUITE 1680 HOUSTON TX 77056	THREE RIVERWAY, SUITE 1660 HOUSTON TX 77056-1946

FILED May 02 1997 8:00am Secretary of State



1997 DIVISION OF CORPORATIONS			Secretary of State		
	MENT # F96000 ITERNATIONAL, INC.	000394 (4)			
Principal Plac	e of Businoss	Mailing Address			
THREE RIVERWAY, SUITE 1680 HOUSTON TX 77056 THREE RIVERWAY, SUITE 1680 HOUSTON TX 77056-1946					
				3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	#. elc.	Suite, Apt #, etc.	//x	76-0304199	Not Applicate \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Oountry	Trust Fund Contribution 8. This corporation has liability for i	ntangible tax under s. 199 032
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent
KAMRADT, RUSSELL T PHILLIPS POINT - EAST TOWER 81 Name 82 Street Address			•		
		dress (P.O. Box Number is Not Acceptab	le)		
	South Flagler Dr., S te. 900 St Palm Bea ch Fl 33401		83		
WE	SI PALM BEACH FL 33401				
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or prioted name of registures ages	Tanu til e il sypticable (NOTE	Registered Agent signature roc		DATE
12.	OFFICERS AND	DETETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Additi
NAME	WEST, JOHN C		1.2 NAME		
STREET ADDRESS	THREE RIVERWAY, SUITE 166)	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		1.4 CiTY+\$1-7iP		
TITLE	CD	DELETE	2.1 TITLE		Change Additi
NAME .	MACOM, JOHN W JR.	_	2.2 NAME		
STREET ADDRESS	THREE RIVERWAY, SUITE 166)	2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	HOUSTON TX 77056	DELETE	2. # CITY-ST-ZIP 3.1 TUTUE		Change Addit
NAME		_ Date it	3.1 UTO:		L. Change L. Auun
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7/P		
TITLE		DELETE	4 f THLE		Change Addit
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELLIE	4.4 CITY - ST - ZIF		Observe Till 1 1100
TALE		☐ DELETE	5.1 TITLE		Change Addit
NAME STREET ADORGO			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 CITY - ST - ZIP		
TITLE		DELETÉ	6.1 TITLE		Change Addit
NAME		_	6.2 NAME		•
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	1		64 CITY - ST - ZIP		

14. I do 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 logal effect as if made under eath; that I am an officer or director of the opporation or the receiver or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changing, or on an attachment with an address.

4/17/07 112-120 9/01