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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000005304 (7)

CRITERION INTERNATIONAL, INC.

Principal Place of Business

207 THIRD BEACH RD.

Mailing Address

207 THIRD BEACH RD

FILED May 14 1998 8:00am Secretary of State



MIDDLETOWN RI 02842	MIDDLETOWN RI 02842		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 10/09/1997	
2. Principal Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 314 120142 AVERUL	26 314 13+ MA	D AULDUR	05-0401614	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 H100 Lious ~ [City & State	12, K-1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	29 0~8Y~	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No
9. Name and Address of Cu	rrent Registered Agent	<u> </u>	10. Name and Address of New Registered	d Agent
C T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND RO	AD	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
		84 City	F	85 Zip Code
			rporation submits this statement for the purpose	
office or registered agent, or both, in the sagent. I am familiar with, and accept the of SIGNATURE	State of Elooda, Such channe was a	uthorized by the corpor:	ation's board of directors. I hereby accept the ap	opointment as registered
Signature: Typed or pentiod name of regeter		Registered Agent signature req		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE CPST	DELETE	1.1 TITLE		Change Addition
NAME LOEBS, RICHARD C JR.		1.2 NAME	THE CARLA AVENUE	
STREET ADDRESS 207 THIRD BEACH RD.		1.3 STREET ADDRESS	MIDDINGS YNEWOUT	84 2
CITY-ST-ZIP MIDDLETOWN RI 02842			MIBBOOLOST TET OF	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STRFE1 ADDRESS		
CITY-ST-ZIP		2. 4 CITY - \$1 - ZIP		
TITLE	[] DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREE1 ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	L DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAMÉ		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY-ST-7IP		
TITLE	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADORESS		63 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - S1 - ZIP		
14. Thereby certify that the information suppli	ied with this filmo does not qualify fo		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 oade under