**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004731

1. Corporation Name

INTERNATIONAL TRADE IMPACT, INC.

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90032 018 \*\*\*150.00

114121114								
Principal Place	e of Business	Mail	ing Address					
3371 ROUTE 1 SOUTH, SUITE 209 3371 ROUTE 1 SOUTH, SUIT				JITE 209	E 209			
C/O GERRIT CAN MANEN  C/O GERRIT CAN MANEN								DO NOT WRITE IN THIS SPACE
LAWRENCEVILLE NJ 08648 LAWRENCEVILLE NJ 08648								3. Date Incorporated or Qualified
								08/19/1998
2. Principal P	lace of Business	2a. 1	Mailing Address					4. FEI Number Applied For
21		26						22-2928356 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired
22		27	City & State	~		· · ·		
City & State			<del>  −</del>					6. Election Campaign Financing Solution
23 Country			Zip Country					This corporation owes the current year Intangible
Zip			30	iii y			Personal Property Tax.	
24	9. Name and Address of Currer	29	red Agent	30				10. Name and Address of New Registered Agent
	9. Name and Address of Corre	ır izeğist <u>e</u>	ned Agent		81	Nar	ne	
COR	PORATION SERVICE COMPANY						1	
1201 HAYS STREET					82 Street Address (P.O. Box Number is Not Acceptable)			tess (P.O. Box Number is Not Acceptable)
	AHASSEE FL 32301-2525				83			<u> </u>
					84	City	,	FL 85 Zip Code
44 Dunament	to the evaluations of Sections 607.050	2 and 607	7 1508 Florida Statu	ee the a	bove	-nam	ed com	noration submits this statement for the purpose of changing its registered
office or s	agistored agent or both in the State	of Florida	. Such change was a	uthorized	i bv	the c	orporati	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, S	Section 607.0505, Flo	rida Stat	utes.			
SIGNATURE	Signature, typed or printed name of registered age		Allocable (NOT)	Danistara	Acon	t eignat	ura racuito	red when reinstating) DATE
12.	OFFICERS AN		4	13.	Agon	t digi iu	are roquire	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 1	TLE			☐ Change ☐ Addition
NAME	VAN MANEN, GERRIT		•	1.2 N	AME			
STREET ADDRESS	3371 ROUTE 1 SOUTH, SUITE	209				ADORI	SS	
	LAWRENCEVILLE NJ 08648				TY-81			
CITY-ST-ZIP TITLE	SD SD		☐ DELETE	2.1 Π				Change Addition
NAME	VAN MANEN, STEPHANIE			2.2 N	AME			
STREET ADDRESS	3371 ROUTE 1 SOUTH, SUITE	209				ADDRI	ss	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648				ITY-S			j
TITLE	EATTEROCTION TO COOL		☐ DELETÉ	3.1 TI			-	☐ Change ☐ Addition
NAME				3.2 N	AME			
STREET ADDRESS						ADDRI	ESS	
CITY-ST-ZIP					ITY-S			
TITLE			☐ DELETÉ	4.1 TI		<del></del> -		Change Addition
NAME				4.21	AME			
STREET ADDRESS						ADDRI	SS	
CITY-ST-ZIP					TY-S1			
TITLE	10		☐ DELETE	5.1 TI			$\neg \uparrow \neg$	☐ Change ☐ Addition
NAME				5.2 N	AME			
STREET ADDRESS						ADDR	ESS	
				5.3 8	IKEE			•
CITY-ST-7IP					TY-S	r-zip		•
CITY-ST-ZIP TITLE			[] DELETE		TY-S	r-zip		. Change Addition
TITLE	$\sim$		☐ DE ETE	5.4 C	TY-S	r-zip		. Change Addition
			□ DEJETE	5.4 C 6.1 Ti 6.2 N	TLE AME	r-zip Addri	ESS	. Change Addition

 I hereby certify that the information indicated on this annual report on officer or director of the corporation Block 12 or Block 13 if changed in the corporation of the corporation below the c with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 exerciver or trustee emotivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ntal annual report is tr

SIGNATURE:

EQUIKED G OFFICER OR DIRECTOR