FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

		DIVISION				
DOCUN 1. Corporation		3239 (1)			
•	ITY INTERNATIONAL, I	NC.				
				I NACHHI HAAR INIA HAARA)) 	ALBEI BERLINGEN INN
Principal Place of		Mailing Address				
POST OFFICE BOX 0094 POST OFFICE I 0PA-LOCKA FL 33054-0094 OPA-LOCKA FL						
US	112 0007 0007	US	30310031	L		
				3. Date Incorporated or Qualified 06/01/1983	3a. Date of Last 03/28	Report /1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	- 1	Applied For
11	· · · · · · · · · · · · · · · · · · ·	26		59-2392762	 	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
City & State		City & State			Fe	e Required
3		28		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·	
4	25	29	30	Florida Statutes 🔲 Yes	S □No	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent	
FRANC	CE, LAWRENCE					
2040 NE 163RD ST.			82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
	VII BCH. FL 33162		83			
			04	·		
			84 City	84 City FL 85 Zip C		Zıp Code
	the provisions of Pastions 607 C					
11. Pursuant to	J. 1930 Scholland and Arthur Province of I	0502 and 607.1508, Florida Stat Florida, Such change was autho	utes, the above-named corporation to	oration submits this statement for the pu	rpose of changing it	s registereo onice
 Pursuant to or registered familiar with 	of the provisions of Sections 607.6 d agent, or both, in the State of I n, and accept the obligations of, 8	0502 and 607.1508, Florida Stat Florida: Such change was autho Section 607.0505, Florida Statut	utes, the above-named corporation's bounders. es.	oration submits this statement for the pull and of directors. I hereby accept the app	rpose of changing it pointment as register	s registered onice ed agent. Lam
namiliar with SIGNATURE	n, and accept the obligations or, a	Section 607.0505, Florida Statut	es.			s registered onice eci agent. I am
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SIGNATURE	n, and accept the obligations of, s grature, typed or printed name of registered OFFICERS	agent and tille if applicable. S AND DIRECTORS DELETE	es.		5415	ORS IN 12
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SIGNATURE: SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEM OR DIRECTOR

3/18/96 305 888.6202