

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90164 029 ***150.00

DOCUMENT # H24878

1. Corporation Name
THOROUGHbred INTERNATIONAL CORPORATION

Principal Place of Business
104 CRANDON BLVD.
SUITE 413
KEY BISCAVNE FL 33149-1542

Mailing Address
104 CRANDON BLVD.
SUITE 413
KEY BISCAVNE FL 33149-1542

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1984

4. FEI Number

59-2694173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 260 Crandon Blvd

2a. Mailing Address

26 260 Crandon Blvd

Suite, Apt. #, etc.

22 Suite #14

Suite, Apt. #, etc.

27 Suite #14

City & State

23 Key Biscayne FL

City & State

28 Key Biscayne FL

Zip

24 33149

Country

Zip

29 33149

Country

30

9. Name and Address of Current Registered Agent

SALA, A. ROSEMARY
328 CRANDON BLVD.
SUITE 202
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

81 Name

Sala, A. Rosemary

82 Street Address (P.O. Box Number is Not Acceptable)

260 Crandon Blvd

83 Suite #14

84 City

Key Biscayne

FL

85 Zip Code
33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

A. ROSEMARY SALA

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SALA, A. ROSEMARY
STREET ADDRESS 328 CRANDON BLVD., SUITE 202
CITY-ST-ZIP KEY BISCAVNE FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

260 Crandon Blvd, Suite #14

1.4 CITY-ST-ZIP

Key Biscayne FL 33149

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. ROSEMARY SALA

4/27/99

(305) 361-0105

Date

Daytime Phone #

CR2E034 (11/98)

0221572