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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

_____**1999** DOCUMENT # **H46348**

1. Corporation Name
TEMPUS INTERNATIONAL CORP.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90040 031 ***150.00



						AIAIN BIBII DIBIN IDDI	
Principal Place of Business Mailing Address							
19 W. FLAGLER ST. 20201 NE 16TH PL							
SUITE 511 MIAMI FL 33179					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33130-4403 US					3. Date Incorporated or Qualified		
					03/11/1985		
Principal Pl	aco of Rusiness.	2a, Mailing Address			4 FEI Number	Applied For	
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add					59-2502378	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		\$8.	75 Additional	
					5. Certificate of Status Desired Fe	ee Required	
City & State City & State					6. Election Campaign Financing \$5	.00 May Be	
23 MIAMI FLORIDA 28						Ided to Fees	
Zip Country Zip			Country		8. This corporation owes the current year Intangible		
24 331]	Personal Property Tax.			
24	9. Name and Address of Current				10. Name and Address of New Registered Agent		
			81	Name			
INTR	astate registered agent co	RPORATION	82	01 -1 4 -1	dress (P.O. Box Number is Not Acceptable)		
701 BRICKELL AVE., STE 3000				Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			83	-			
			84)	FL (85)	Zip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named cor	rporation submits this statement for the purpose of changi	ng its registered	
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Fiorina. Such change was aumo	JIIZEU DV	LITE CUIDUIA	tion's board of directors. I hereby accept the appointment	as registered	
	in faillillar with, and accept the congett	3,10 01, 000,1011 001,0000, 1 10,100					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	jistered Ager	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI		
TITLE	P	☐ DELETE	1.1 TITLE		□ Ch	ange	
NAME	BAROUH, JACK		1.2 NAME	Į.			
STREET ADDRESS	5831 SW 33 TERR.		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1,4 CITY-S	T-ZIP			
TITLE	Ť	☐ DELETE	2.1 TITLE		□ Ch	ange	
NAME	BAROUH, RITA		2.2 NAME		Α.	1	
STREET ADDRESS	5831 SW 33RD TERR.		2.3 STREE	T ADDRESS			
	FT. LAUDERDALE FL 33312		2. 4 CITY-S	ST-71P			
CITY-ST-ZIP TITLE	TT. DADENDALE TE GOOTE	☐ DELETE	3.1 TITLE			ange Addition	
NAME			3.2 NAME	1			
STREET ADDRESS.				T ADDRESS		ļ	
			3,4 CITY-S	ŀ		. [
CITY-ST-ZIP		☐ DELETE	4,1 TITLE	JI-ZIF		nange	
TITLE			4, 2 NAME			}	
NAME				T ADDRESS			
STREET ADDRESS						ļ	
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-212		nange	
TITLE		□ hetr₁r	5.1 MAME				
NAME		į		TADORESS	•		
STREET ADDRESS				!			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	11-ZIP		nange Addition	
TITLE		☐ DELETE	!		, Ц	ange	
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		r	6.4 CITY-S	T-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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 305 650 977

CR2E034 /11/98