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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

H59432

(5)

FELOANTI INTERNATIONAL, INC.

										83158 SBILL BARBA 171			
Principal Place o	of Business		Ma	ailing Address						A111A 18111 B188A 161	14 14 14 14 14 14 14 14	PIWA BINA	DIDIS MIDIS DEGIT LOGI
	LANDALE BEAC	CH BLVD		2500 E HALLANDA	ALE BEACH	BLVD							
#811	E EL 22000			#811	22000								
HALLANDALE FL 33009 US				HALLANDALE FL 33009 US			3.	Date Incorporate 05/30/198			e of Last 05/01/		
2. Principal Plac	no of Duninger		2-	Mailing Address				- 4	FEI Number	~	1	<u> </u>	Applied For
z. Principal Plac	ce or Business		2a.	Mailing Address				"	59-2545	765			Not Applicable
Suite Ant #	Suite, Apt. #, etc.			Suite, Apt. #, etc.				*			\$8.7	75 Additional	
22	, etc.		27	Odico, ript. ii. etc.				5.	Certificate of Sta	tus Desired		•	e Required
City & State	***			City & State				6.	Election Campaig	on Financing		\$5.	00 May Be
23			28	•					Trust Fund Contr				ded to Fees
Zip		Country		Zip	C	ountry		8.	This corporation	has liability for i	intangible t	ax under	s 199.032,
24	25]	29		30				Florida Statutes	Yes	☐ No		
	9. Name an	d Address of Cur	rent Regis	tered Agent				10.	Name and Add	ress of New R	egistered	Agent	
						81	Name						
DIAZ-LA	CAYO, MAR	VIN, M.D.				82	Street Add	dress (P.	O. Box Number is	s Not Acceptab	ı le)		
2500 E	HALLANDAL	E BEACH BLVD	STE 811				000	a. 000 †			,		
HALLAN	IDALE FL 33	1009		•		83		,					
						84	City	 				85	Zip Code
						64	Oily				FL	_ 85	zip code
11. Pursuant to	the provisions	of Sections 607.05	502 and 60	7.1508, Florida Stat	tutes, the al	bove-na	arned corpo	oration s	submits this stater	ment for the pur	pase of ch	anging it	s registered office
	d agent, or bot	th, in the State of Fi	lorida Such	change was authorida Statut	orized by the	e corpo	oration's bo	ard of di	irectors. I hereby a	accept the appo	ointment a	s register	ed agent. I am
or registerer	t togone bae												
familiar with	n, and accept t	ne obligations of, o											
familiar with	i, and accept t	rinted name of registered a				red Agent	signature requir	red when re	enstating)		DATE		
familiar with	i, and accept t		gent and title if a	applicable			signature requi		enstating) ADDITIONS/CHA	NGES TO OFF		D DIREC	TORS IN 12
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