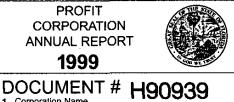
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 030 ***150.00

| 1. Corporation ALURAL | INTERNATIONAL, INC. | | | | | | |
|--|---|---------------------------------|-------------------------------------|----------------------|--|---------------------------------------|------------------------|
| Principal Place | e of Business | Mailing Address | | | L (BRIDI) Dien Ibitt anite (byan hite init Bri | Ift Bibli asbir aiku ar | 1411 81811 1881 |
| P.O. BOX 430507 P.O. BOX 430507 BIG PINE KEY FL 33043 US US | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | • | | | 3. Date Incorporated or Qualifed 12/20/1985 | | |
| 2 Principal D | lace of Business | 2a, Mailing Address | | | 4. FEI Number | Apr | plied For |
| 2. Principal Flace of Business 26 | | } | ,000 | | 59-2623531 | | Applicable |
| | #,:etc. ^ | Suite, Apt. #, etc | | | | \$8.75 A | dditional |
| 22 | • | 27 | | | 5. Certificate of Status Desired | Fee Red | quired |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country Zip | | Country | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | | 0 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curren | t Registered Agent | 81 | 1 | 10. Name and Address of New Register | ed Agent | |
| WARNER, RICHARD E. 2975 OVERSEAS HIGHWAY MARATHON FL 33050 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | · · · · · · · · · · · · · · · · · · · | |
| | | | | 0 | | 85 Zip C | 'ada |
| | | | 84 | City | F | 85 Zip C | ,oue |
| office or r | to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligations of the section of | of Florida. Such change was aut | nonzea by | tne corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | politiment as reg | registered pistered |
| 0.0.0.0.0 | Signature, typed or printed name of registered agen | | | nt signature require | red when reinstating) DATE | | 50.01.40 |
| 12. | | D DIRECTORS | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| TITLE | PD CTTPOW MULLY | | | | | | |
| NAME | O'LINGTH, THESE | | 1.2 NAME | | | | |
| STREET ADDRESS | | | | 3 STREET ADDRESS | | | İ |
| CITY-ST-ZIP | | | 1.4 CITY- S 2.1 TITLE | T-ZIP | | [] Change | Addition |
| TITLE | STD | | | | | □ eêe | |
| NAME | REASIN, RICHARD | | 2.2 NAME | | | | |
| STREET ADDRESS | 30364 U.S. 1. | **** | • | TADDRESS | · · | | . { |
| CITY-ST-ZIP | BIG PINE KEY FL | ☐ DELETE | 2 4 CITY- 3.1 TITLE | 51-219 | | Change | Addition |
| TITLE | VD Degolfmaeker, George | | 3.2 NAME | | | _ • | _ |
| NAME | 20PROPERVANRAEMDONCKST | TDA . | | TANNDESS | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP | | | | ļ |
| CITY-ST-ZIP TITLE | VD | ☐ DELETE | 4.1 TITLE | 51-219 | | ☐ Change | ☐ Addition |
| | DE ROIJ, ANDRE | | 4. 2 NAME | | | - | |
| NAME | 99 RINGLAAN | | | T ADDRESS | • | | |
| STREET ADDRESS | WILLEBROEK, BELGIUM | | 4.4 CITY-5 | | | | |
| CITY-ST-ZIP TITLE | WILLEDNOLN, DELGION | DELETE | 5.1 TITLE | , 4 | | Change | Addition |
| NAME. | | <u> </u> | 5.2 NAME | | | | |
| STREET ADDRESS | | | 4 | T ADDRESS | | | |
| | · | | 5.4 CITY-5 | | | • | |
| CITY-ST-ZIP | | DELETE | 6.1 TITLE | | | ` Change | ☐ Addition |

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

than wa

REQUIRED