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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52717

(2)

CORVETTE INTERNATIONAL, INC.

## **FILED** May 14 1997 8:00am Secretary of State



| Principal Place of Business  |  | Mailing Add  | Mailing Address                                 |                             |  |  |                     |                                     |              |          |   |                               |
|--|--|--|---|-----------------------------|--|--|---------------------|-------------------------------------|--------------|----------|---|-------------------------------|
| 4002 S.W. 47TH AVE. #3<br>DAVIE FL 33314   |  | 4002 S.W. 47   | 4002 S.W. 47TH AVE. #3<br>DAVIE FL 33314-4052   |                             |  |  |                     |                                     |              |          |   |                               |
| Mic te oo  | •  |  | 5,1,12  |                             |  |  | I                   | ate Incorporated                    | or Qualified |          | ate of Last 6<br>01/1996                | Report                        |
| 2. Principal Place of Business   |  |  |   | 2a. Mailing Address<br>26   |  |  |                     | 4. FEI Number<br>65-0000218         |              |          | A                                       | pplied For<br>ot Applicabl    |
| Surte, Apt. #, etc.  |  |  |   | Suite, Apt. #, etc.         |  |  |                     | ertificate of Status                | e Docired    |          |   | Additional                    |
| 2  |  |  | 27  |                             |  |  | <b>3</b> , 0        | er timoate or status                | s Desired    |          | ····                                    | equired                       |
| City & State   | е  |  | City & St                                       | .ate                        |  |  |                     | ection Campaign<br>ust Fund Contrib | -            |          |   | May Be<br>to Fees             |
| <u>z</u> :p  | T c  | ountry   | <b>28</b> Zip                                   | ·                           | Coun   | trv  |                     | his corporation ha                  |              |          | *************************************** |                               |
|  | 25   | •  | 29  |                             | 30   |  | <b>I</b>            | orida Statutes                      |              | Yes [    |   | 3. 100.002,                   |
| .L   |  | ddress of Curr                                       | ent Registered Age                              | ent                         | 123  |  |                     | ame and Addres                      | s of New Reg | gistered | Agent                                   |                               |
| BITN   | IER, JEFFREY A   | •  |   |                             | 8  | 11 Name  |                     |                                     |              |          |   |                               |
|  | 2 SW 47TH AVE  |  |   |                             | Ì  | 12 Street  | Address (P.O        | . Box Number is                     | Not Acceptab | le)      |   |                               |
| DAV  | NE FL 33314  |  |   |                             |  |  |                     |                                     |              |          |   |                               |
|  |  |  |   |                             | 8  | 3  |                     |                                     |              |          |   |                               |
|  |  |  |   |                             | Ē  | 4 City   | <del>-</del> "      |                                     | <del></del>  |          | <b>85</b> Zip                           | Code                          |
|  |  |  |   |                             |  |  |                     |                                     |              | FL       | _ !                                     |                               |
|  | m familiar with, an  | accept the on  | ilgations of, Section                           | 607.USUS, FIL               | JIDA ORIO  | 162.   |                     |                                     |              |          |   |                               |
| IGNATURE   |  | d name of registered                                 | agent and litte if applicable                   |                             | E- Registered ,  |  | e required when rei | instating)                          |              | DATE     | S Dipeara                               | 00 11140                      |
| IGNATURE<br>2.   |  | d name of registered                                 | agent and life if applicable                    | (NOT                        | E: Registered ,  | Agent signature  | e required when rei |                                     |              | DATE     |   |                               |
| IGNATURE<br>2.   | Signature hypertox proce   | d name of registered<br>OFFICERS A                   | agent and life if applicable                    |                             | E: Registered ,  | Agent signature  | e required when rei | instating)                          |              | DATE     | D DIRECTO                               |                               |
| IGNATURE<br>2.<br>ILE<br>AMÉ   | D BOFFETTI, AR   | d name of registered<br>OFFICERS A                   | agent and life if applicable                    | (NOT                        | E: Registered / 13. 1.1 TITL 1.2 NAM   | Agent signature<br>E   | e required when rei | instating)                          |              | DATE     |   |                               |
| IGNATURE  2.  ILE  AME  (REET ADDRESS  | D<br>BOFFETTI, AR<br>KREUZSTRAS  | d name of registered<br>OFFICERS A<br>MANDO<br>SE 60 | agent and life if applicable                    | (NOT                        | E: Registered /<br>13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STR   | Agent signature  E  E  E  E  ADDRESS   | e required when rei | instating)                          |              | DATE     |   |                               |
| IGNATURE  2.  ILE  AMÉ  TREET ADDRESS  TY - ST - ZP  | D BOFFETTI, AR   | d name of registered<br>OFFICERS A<br>MANDO<br>SE 60 | agent and title if applicable<br>AND DIRECTORS  | (NOT                        | E: Registered /<br>13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STR   | Agent signature E RE RE RET ADDRESS (*-ST-ZIP  | e required when rei | instating)                          |              | DATE     |   | Addit                         |
| IGNATURE  2.  HE  AMÉ  TREET ADDRESS  NY - ST - ZIP  HUF   | D<br>BOFFETTI, AR<br>KREUZSTRAS:<br>8008 ZURICH,   | OFFICERS A MANDO SE 60 SWITZ.                        | agent and title if applicable<br>AND DIRECTORS  | (NOT                        | E Registered ; 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY  | Agent signature  E  SE  SE  SET ADDRESS  '-ST-ZIP  E   | e required when rei | instating)                          |              | DATE     | Change                                  | Addit                         |
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