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 Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90159 001 *3,908.75

i. Corporation	MENT # K50648 International Marketin						
Principal Place	e of Business	Mailing Address				// 3 	01811 01811 1881
11098 BISCAYNE BLVD 11098 BISCAYNE BLVD							
SUITE 402 SUITE 402					DO NOT WRITE IN THIS SPACE		
NORTH MIAMI	FL 33161	NORTH MIAMI FL 33161			3. Date incorporated or Qualifed	SFACE	
					12/12/1988		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	I A	pplied For
21 26					65-0191729	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	* -	Additional
27					5. Certificate of Status Desired	Fee R	Required
City & State City & State					6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		I to Fees
Zip	Country	Zip	Country	′	This corporation owes the current year Int Personal Property Tax.	tangible ☐ Yes	□No
24	9. Name and Address of Current	_ 15:	30		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hallis and Addition of the State of the		
BED	ZOW, MICHAEL						
20803 BISCAYNE BLVD			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
SUITE 200			83				
AVNETURA FL 33261-9002				0.4		85 Zip	Code
			84	1	· FL	_	
agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat	lions of, Section 607.0505, Flori	da Statutes	i,	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpos		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECT	ORS IN 12
TITLE	DPT	☐ DELETE 1.1				☐ Change	Addition
NAME	BEDZOW, CHARLES		1.2 NAME				
STREET ADDRESS	7,000 0,007,11112 00,00		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP			
TITLE	DVS DELETE 2.11		2.1 TITLE			Change	Addition
NAME	BEDZOW, SARA		2.2 NAME				i i
STREET ADDRESS	11098 BISCAYNE BLVD #402		2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE			3.1 TITLE			Jimige	
NAME	DO 1100, Or line		3.2 NAME				
STREET ADDRESS	11098 BISCAYNE BLVD #402 MIAMI FL 33161			T ADDRESS			
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-: 4.1 TITLE	51-ZIP		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			54 CITY-S	ST-ZIP			(T) A 1.00
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	l l			}
STREET ADDRESS			6.3 STREE	TADDRESS			1

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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

305-891-7987

Daytime Phone #