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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90029 020 ***158.75

DOCUMENT # L42726		÷.	-
1. Corporation Name	•		
THE INTERNATIONAL ENTERTAINMEN	IT COMPANY		

Principal Place 8415 CORAL W STE 205 MIAMI FL 3315 US 2. Principal P	VAY 5 lace of Business	Mailing Address 8415 CORAL WAY STE 205 MIAMI FL 33155 US 2a. Mailing Addres 26				3. Date Incorpora 01/16/1990 4. FEI Number 65-023398	<u>'</u>	THIS SPACE	Appl	lied For Applicable
Suite, Apt.	·	Suite, Apt. #, 6	atc.			5. Certifcate of S	<u> </u>	Fe	e Req	uired
City & Stat	·	City & State				6. Election Camp Trust Fund Co	ntribution	Ac	ded to	fay Be Fees
Zip 24	Country	Zip 29	30	Country	·	Personal Prop		Yes	. [⊒No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Ad	Idress of New Registe	ered Agent		
	THEO: TENEOL	1	-	81	Name					
841!	RTALES, TERESA 5 CORAL WAY	•	**	82	Street A	Address (P.O: Box Number	er is Not Acceptable)			
	. 205		•	83						
MIAI	MI FL 33155			84	City			85	Zip Co	nde -
			•		City			FL!		ſ
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with and accept the obligation of the state of the obligation of the obli	nt and title if applicable.	(NOTE: Regist	ered Ager	•	quired when reinstating)	H /	0/99		
agent. I a SIGNATURE 12.	m familiar with and accept the obligation of the	nt and title if applicable.	(NOTE; Regist	ered Ager	•	quired when reinstating) ADDITIONS/CH	DATE TO OFFICER	D/99	CTOR	RS IN 12
agent, I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	(NOTE: Regist	ered Ager	•	quired when reinstating) ADDITIONS/CH	DATE TO OFFICER	0/99	CTOR	
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA	nt and title if applicable.	(NOTE: Regist	ered Ager f3. .1 TITLE .2 NAME	nt signature rec	quired when reinstating) ADDITIONS/CH	DATE TO OFFICER	D/99	CTOR	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable.	(NOTE: Registrement of the control o	ered Ager 131 TITLE .2 NAME .3 STREET	nt signature rec	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	D/99	CTOR	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA	nt and title if applicable.	(NOTE: Registrement of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET	nt signature rec	quired when reinstating) ADDITIONS/CH	DATE TO OFFICER	D/99	ECTOR ange	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable.	(NOTE: Regist) (NOTE: Regist) 1.ETE 1. 1.LETE 2.	ered Ager 13. .1 TITLE .2 NAME .3 STREET .4 CITY-S'	nt signature rec	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ECTOR ange	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable.	(NOTE: Registrer) (NOTE: Registrer) (1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME	T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ECTOR ange	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable.	(NOTE: Registrer) (NOTE: Registrer) (NOTE: Registrer) (1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ECTOR ange	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable.	(NOTE: Registrer) (NOTE: Registrer) (NOTE: Registrer) (1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME	T ADDRESS T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ecTOR ange	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registrement) (NOTE: Re	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	T ADDRESS T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ecTOR ange	RS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE 2 NAME 1 TITLE 2 NAME	T ADDRESS T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	ecTOR ange	RS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE 2 NAME 1 TITLE 2 NAME	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	enge ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registrer) (NOTE: Registrer) (NOTE: Registrer) (1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME 4 CITY-S' 1 TITLE 4 CITY-S' 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	enge ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	enge ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRE	enge ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 5 NAME 6 CITY-S 1 TITLE 7 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRECTOR	ecTOR ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the content o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 7 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	IANGES TO OFFICER Jent 4z ouy 9 34	S AND DIRECTOR	ECTOR ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ECTOR ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the content o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 3 STREET 5 NAME 3 STREET 1 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ECTOR ange	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	mt and title if applicable. ID DIRECTORS DEL DEL	(NOTE: Registration of the content o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ector ange	RS IN 12 SAddition Addition Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	nt and title if applicable. ID DIRECTORS DEL	(NOTE: Registration of the content o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 5 TITLE 5 TITLE 6 TITLE 6 TITLE 7 TITLE 7 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ector ange	RS IN 12 Addition Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	mt and title if applicable. ID DIRECTORS DEL DEL	(NOTE: Registre 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ector ange	RS IN 12 SAddition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P/D PORTALES, TERESA 8415 CORAL WAY, STE. 205	mt and title if applicable. ID DIRECTORS DEL DEL	(NOTE: Registrer 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	quired when reinstating) ADDITIONS/CH	JANGES TO OFFICER JEAN JANGES TO OFFICER JANGES TO OFFICER	S AND DIRECTOR	ector ange	RS IN 12 SAddition Addition 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR