

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90214 040 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49109

1. Corporation Name
C & R INTERNATIONAL, INC.



Principal Place of Business
ELDA COSENTINO
4480 CEDAR SPRINGS ROAD
BURLINGTON ON L7R3X
US

Mailing Address
ELDA COSENTINO
4480 CEDAR SPRINGS ROAD
BURLINGTON ON
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
(24) L7R 3X4 (25) CANADA (29) L7R 3X4 (30) CANADA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
(29) L7R 3X4 (30) CANADA

3. Date Incorporated or Qualified
02/06/1990

4. FEI Number
52-1670368

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELDA COSENTINO
13161 MCGREGOR BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSENTINO, ELDA	1.2 NAME	
STREET ADDRESS	4480 CEDAR SPRINGS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON	1.4 CITY-ST-ZIP	BURLINGTON, ONT., CANADA L7R 3X4
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSENTINO, GINO S	2.2 NAME	
STREET ADDRESS	4480 CEDAR SPRINGS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON L7R3X	2.4 CITY-ST-ZIP	BURLINGTON, ONTARIO, CANADA L7R 3X4
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSENTINO, JOSEPH	3.2 NAME	
STREET ADDRESS	4480 CEDAR SPRINGS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON L7R3X	3.4 CITY-ST-ZIP	BURLINGTON, ONTARIO, CANADA L7R 3X4
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

GINO S. COSENTINO

MARCH 3, 1999 (905) 332-5454

Date Daytime Phone #

CR2E034 (11/98)