FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name L50189

(4)

INDUSTRIAL INTERNATIONAL CORP.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of		Mailing Addre				I MANINDII BON BININ DEBDI NDAN IDINA LONI BIDIN BIDIN BIDIN BIDIN BIDIN BIDIN 1861			
5215 NW 33R 5200 N.E. 14T FT LAUDERD/ US	H WAY UNIT #408		5215 NW 33RD AVENUE FT LAUDERDALE FL 33309 US			3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1990 08/08/1995			
2. Principal Plac	ce of Business	2a. Mailing Ad	ddress			4. FEI Number	.4	A	pplied For
21		26	26			65-0180201 No.			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			Otty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		ountry		8. This corporation has liability for t	ntangible tax		
24	25	29	30	,		Florida Statutes 🙀 Yes			
<u> </u>	g. Name and Address of Curren			- T		10. Name and Address of New R	egistered A	gent	
	<u> </u>			81	Name				
0100 11	11441 44			82		(200 Car Mark a la Not Appartab	lai		
SASS, J						dress (P.O. Box Number is Not Acceptable)			
	E. 14TH WAY			83					
UNIT #4							,	,	
FORT LA	AUDERDALE FL 33334			84	City		FL	85 Zip	Code
or registere familiar witi	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flora h, and accept the obligations of Sect	da. Such change v	vas authonzed by thi	nove-i	iamed corpor oration's boar	ation submits this slaterment for the pured of directors. Thereby a toept the app	pose of chan pintment as n	iging its re egistered	egistered office agent Fam
	Signature, typed or printed name of registered agent				d signature requese	awterrenetsteg ADDITIONS/CHANGES TO OFF	DATE	DIBECTO	RS IN 12
12.	OFFICERS AN		DELETE 1	1 TiTLE		ADDITIONS CHANGES TO OTT		Change	☐ Addition
TITLE	CEO WANTED	L.J	Bi .	NAME			L	3	
NAME	SASS, JUAN H.				ADDRESS				
STREET ADDRESS	5200 NE 14TH WAY, 408								
CITY - ST - ZIP	FT. LAUDERDALE FL			CITY - S 1 TITLE	5 i - ZiP			Change	Addition
TITLE	P						_		
NAME	MOORMAN, SILVIA DECASTI	HU		MAME	r senerce				
STREET ADDRESS	5200 NE 14TH WAY, 408				I ADDRESS				
CH1Y - ST - ZIP	FT LAUDERDALE FL			CITY-:	SI - Z-P			Change	Addition
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NAME			i i	2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP	1		6	4 CITY -	ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath, 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.

SIGNATURE: _

04-30-96 Day 1-18 0493