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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L50189

Principal Place of Business

INDUSTRIAL INTERNATIONAL CORP.

5215 NW 33RD FT LAUDERDALI		5215 NW 33RD AVENUE FT LAUDERDALE FL 33309 US						
US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/09/1990			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For	
21		26			65-0180201		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contiforto of Status Decired (A)		Additional equired	
City & State	•	City & State					May Be to Fees	
Zip 24	Country 25	Zip 30	Coun	try	8. This corporation owes the current year Intangible Personal Property Tax.		⊠ No	
24	9. Name and Address of Current		1		10. Name and Address of New Registered Agent	1		
			1	Name				
SASS, JUAN H.				22	Address (D.O. Roy Number is Not Acceptable)			
4100	GALT OCEAN DR	82 Street Add		Street A	dress (P.O. Box Number is Not Acceptable)			
FOR'	T LAUDERDALE FL 33308			83				
			L			T =-		
			1	B4 City	FL 85		Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized	by the compor	corporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointmen	jing its it as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	gent signature rec	quired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITE	E		hange	☐ Addition	
NAME	SASS, JUAN H.		1.2 NAM	IE			ļ	
STREET ADDRESS	4100 GALT OCEAN	•	1.3 STR	EET ADDRESS)	
	FT. LAUDERDALE FL 33308			r-ST-ZIP]	
CITY-ST-ZIP	TT. DADDETIDALE TE SOCOO	☐ DELETE	2.1 TITL			hange	☐ Addition	
NAME			2.2 NAM					
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NAME		_	3.2 NAM	IE			ł	
				EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP	•			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 Tin			hange	☐ Addition	
NAME			4. 2 NA				ļ	
	l .			EET ADDRESS	•			
STREET ADDRESS	•			(-ST-ZIP	t.			
CITY-ST-ZIP TITLE		□ DELETE	5.1 TIT			hange	Addition	
NAME			5.2 NAM		-	-		
STREET ADDRESS				EET ADDRESS				
				r-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL			hange	Addition	
			6.2 NAM	AÉ	_	-		
NAME			•	EET ADDRESS				
STREET ADDRESS				r-ST-ZIP	•			
CiTY-ST-ZiP	sertify that the information supplied with	this filing does not qualify for the	e exem	notion stated	in Section 119.07(3)(i), Florida Statutes. I further certify th	at the	information	
indicated officer or i	on this annual report or supplemental .	annual report is true and accura ver or trustee empowered to exe	t <i>e and t</i> cute thi	hat my signa s report as re	ature shall have the same legal effect as if made under oat equired by Chapter 607, Florida Statutes; and that my nan	n; inat	ı am an	

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90019 009 ***158.75