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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L61565

(2)

FERNIN INTERNATIONAL CORPORATION

## **FILED** Apr 22 1997 8:00am Secretary of State



| Principal Piac<br>8209 NW 199<br>8209 NW 1991<br>MIAMI FL 3301<br>US   | ST.<br>Th St.   | % ADRIANO N<br>8209 NW 1997   | Mailing Address % ADRIANO NINO M. 8209 NW 199TH ST. MIAMI FL 33015-5907 |   |  | Date Incorporated or Qualified                             |                  |                              |  |
|--|---|---|---|---|--|--|------------------|------------------------------|--|
| <b>9</b> th  | Done of Consequen   | 1 0e 14e Eur 1  | ndenes  |   |  | 04/02/1990   | ( 00/0           | )1/1996                      | 0-15-  |
| ı ·  | lace of Business  | 2a. Mailing Ad  | ouress  |   |  | 4. FEI Number<br>65-0195266                                |                  | h                            | applied For<br>lot Applicable                |
| Suite Apt.   | #, etc  | Suite, Apt  | . #, etc.   |   |  |  | <u></u>          |                              | Additional                                   |
| 22   |   | 27  |   |   |  | 5. Certificate of Status Desired                           |                  | •                            | Required                                     |
| City & Stat  | le:   | City & Sta  | te  |   |  | Election Campaign Financing     Trust Fund Contribution    |                  |                              | May Be<br>I to Fees                          |
| Zφ   | Country   | Zip   |   | Country   | у  | 8. This corporation has liability for i                    |                  |                              | s. 199.032,                                  |
| 24   | 25  | 29  |   | 30  |  |  | Yes L            |                              |  |
|  | 9. Name and Address of (  | Current Registered Ager   | nt  | 81  | Name   | 10. Name and Address of New Re                             | gistered A       | lgent                        | <del></del>                                  |
| NINO, ADRIANO<br>8209 NW 199TH ST.<br>MIAMI FL 33015   |   |   |   |   |  | dress (P.O. Box Number is Not Acceptab                     | le)              |                              |  |
| MIN  | um 1 L 00010  |   |   | 83  |  |  | <del></del>      | ·····                        | <del></del>                                  |
|  |   |   |   | B4  | City   |  | <b></b>          | 85 Zip                       | Code   |
| • Direction  | to the continues of Continue of   | 07 0502 and 607 1600 E  | locido Ctatut   | so the obey   | in named par   | poration submits this statement for the p                  | FL               | obangina                     | its registered                               |
| 2/10/01   1  | am familiar with, and account the   | ⊷obligations of Section 6   | hange was a   | orida Statute   | 20   |  |                  |                              |  |
| SIGNATUR   | am familiar with, and accept the  | obligations of, Section 6   | 107.0505. Fk<br>R/ANO   | orida Statute<br>• WIND   |  | DENT  Jired when reinstating)  ADDITIONS/CHANGES TO OFFICE | DATE<br>DERS AND |                              |  |
|  | Advisors Vine Appetratived or probat name of regist OFT ICEF                                    | obligations of, Section 6   | 107.0505. Fk<br>R/ANO   | orida Statute<br><b>NIND</b><br>E: Registered Ag  |  | ulred when reinstating)                                    | DATE             |                              | RS IN 12                                     |
| SIGNATUR   | Johnson Vine OFFICEF DPS NINO, ADRIANO  | obligations of, Section 6   | 107.0505. FR  | VINO E: Registered Ag  13.  | pent signature requ  | ulred when reinstating)                                    | DATE             | DIRECTO                      | RS IN 12                                     |
| SIGNATUR<br>12.<br>TITLE   | DPS NINO, ADRIANO 8209 NW 199TH ST.   | obligations of, Section 6   | 107.0505. FR  | E: Registered Ag  1.1 TITLE  1.2 NAME   | pent signature requ  | ulred when reinstating)                                    | DATE             | DIRECTO                      | RS IN 12                                     |
| SIGNATUR  12. THE NAME STREET ADDRESS CITY-ST-ZIP  | DPS NINO, ADRIANO 8209 NW 199TH ST. MIAMI FL 33015  | obligations of, Section 6   | DELETE  | E: Registered Ap  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-  | pent signature requ  | ulred when reinstating)                                    | DATE             | DIRECTO Change               | RS IN 12                                     |
| SIGNATUR  12. THE NAME STHELL ADDRESS CITY ST-ZIP HILE   | DPS NINO, ADRIANO 8209 NW 199TH ST. MIAMI FL 33015 VP   | obligations of, Section 6   | 107.0505. FR  | E: Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE  | is.  IT ADORESS ST-ZIP   | ulred when reinstating)                                    | DATE             | DIRECTO                      | RS IN 12                                     |
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| SIGNATUR  12. THE NAME STREEL ADDRESS CITY-ST-ZIP HITE NAME STREEL ADDRESS CRY-ST-ZIP TIFLE  | DPS NINO, ADRIANO 8209 NW 199TH ST. WINO, TANIA 8209 NW 199TH ST. WINO, TANIA 8209 NW 199TH ST. | obligations of, Section 6   | DELETE  | E: Registered Ap  13. 1.1 TifLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TifLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TifLE 3.2 NAME  | is.  It ADDRESS ST-2IP  It ADDRESS ST-ZIP  | ulred when reinstating)                                    | DATE             | DIRECTO Change Change        | RS IN 12 Addition Addition                   |
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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.

HARIANO NINO - TREELBENT SIGNATURE: