Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90210 031 ***150.00

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

DOCUMENT # | 84353

 Corporation 	Name										
A S INTERNATIONAL ENTERPRISES, INC.										.a., a.b., 1861	
Principal Place of Business Mailing Address							II HANAN UNUBU HANU	Uliaba Hill Bibl		ABAL BUBUL 1001	
21 SE 1ST AVE 2ND FLOOR 21 SE 1ST AVE 2ND FLO			ıR								
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE					
U\$ U\$						3. Date Incorporated or Qualified					
					'	06/28/1990		,			
Principal Place of Business 2a. Mailing Address						4. FEI Number			Apı	plied For	
21		26				65-02140 <u>9</u>	4	_		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #,						5. Certifcate of S	tatus Desired		\$8.75 A		
22 27										quired	
City & State	е	<u>├</u> ¬ '	City & State			6. Election Campaign Financing \$5.00 May Be				,	
23		28				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible					
Zip	Country	Zip	Country		1			urrent year i		□No	
24	9. Name and Address of Curren		30		1	Personal Prop 0. Name and Ad		v Registere			
	9. Name and Address or Curren	r Kedistelen Adelit	81	Name	<u>-</u>	o. Hamo and y					
PRE\	Volis, steve										
151 CRANDON BLVD., #625- #329			82	Street A	Street Address (P.O. Box Number is Not Acceptable)			ptable)			
KEY BISCAYNE FL 33149			83								
ı								_			
			84	City				F	85 Zip C	Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above	-named co	orporati	ion submits this s	tatement for t	he numose	of changing its	registered	
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was au	tnorized by 1	tne corpor	ration's	board of director	s. I hereby ac	cept the app	ointment as rec	jistered	
_	m lamillar with, and accept the obliga-	tions of, Section 667.0363, Figh	da Otatolop.						٠.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent	t signature req	quired whe	en reinstating)		DATE	·		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CI	IANGES TO	OFFICERS /			
TITLE	D	☐ DELETE	DELETE 1.1 TITLE						[X] Change	☐ Addition	
NAME	Prevolis, anastasia		1.2 NAME								
STREET ADDRESS			1.3 STREET	1.3 STREET ADDRESS 1		.51 CRANDON BLVD #329					
CITY-ST-ZIP	KEY BISCAYNE FL 33149		—	1.4 CITY-ST-ZIP				_	F♥ Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME	PREVOLIS, STEVE		2.2 NAME								
STREET ADDRESS	151 CRANDON BLVD #625					l CRANDON	BLVD,	#329			
CITY-ST-ZIP				2.4 CITY-ST-ZIP					: [77] Change	Addition	
TITLE		☐ DELETE	3.1 TITLE						Change		
NAME			3.2 NAME						ž.		
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP	☐ DELETE			3.4. CITY-ST-ZIP				_	☐ Change	Addition	
TITLE		☐ DEFE15	4 1 TITLE								
NAME			4. 2 NAME						•		
STREET ADDRESS			4.3 STREET			_					
CITY-ST-ZIP	IP → DELETE			4.4 CITY-ST-ZIP		_ _			Change	Addition	
TITLE	DELETE			5.1 TITLE 5.2 NAME							
NAME				ADDRESS					• •		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						•		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					_	Change	☐ Addition	
NAME			6.2 NAME							_	
STREET ADDRESS			6.3 STREET	ADDRESS							

CITY-ST-ZIP iff) for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d accurate and that my signature shall have the same legal effect as if made under oath; that I am an a to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attack

SIGNATURE:

Steve PREVOLIS