PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State D:VISION OF CORPORATIONS							
	MENT#	_84479	(9)			· · · · · · · · · · · · · · · · · · ·				
1. Corporatio		NT INTERNATION	• •							
		11 S	Mailing Address 1850 Eller Dr. STE. 201 FT. LAUDERDALE FL 33316				ile 1841 EIQII :		BIL BURII BIBIL IBAK	
US		U	\$				<ol> <li>Date Incorporated or Qualified 07/02/1990</li> </ol>		ate of Last <b>05/01/1</b>	
2. Principal Pl	ace of Business	2a.   26	Mailing Address				4. FEI Number 65-0269935		L	Applied For
Suite Apt.	#, etc		Suite, Apt #, etc.	<del></del>			5. Certificate of Status Desired			Not Applicable  75 Additional e Required
Orty & State	)	28	City & State			··	Election Campaign Financing     Trust Fund Contribution		\$5.	00 May Be
Zip 24	Coun! <b>25</b>	29	?ip	Coun	itry		8. This corporation has liability fo	intangible s		
	9. Name and Addr	ess of Current Registe	red Agent		81	Name	10. Name and Address of New	Registere	d Agent	
BOCA R	V 7TH PLACE IATON FL 33486 o the provisions of Secled agent, or both, in the	tions 607.0502 and 607. o State of Florida Such c	1508, Florida Statute hange was authorize	8	82 83 84 e na	City	tress (P.O. Box Number is Not Accepta oration submits this statement for the pure	F	<u> </u>	Zip Code
SIGNATURE		ations of, Section 607.06						KALIGATIETT Z	is registere	so agent. Fan
12.		OFFICERS AND DIRECTO		13.	Get L	Specification	ADDITIONS/CHANGES TO OF	JATE	E OINT	OFIGURE 40
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NENART, KENNE 1955 SW 7TH PL BOCA RATON FI	TH D ACE	12 13 14 21 221 23:		1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY: ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY: ST-ZIP		ACCITION OF LANCE 3 (CO.)	TOERO AN	☐ Change	
TITLE NAME STREET ADDRESS C-TY - ST - Z-P	SD NENART, JUDITH 1955 SW 7TH PL BOCA RATON FL	ACE							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3 1 1 TL 3 2 NAM 3 3 STHI 3 4 CRY	.F 16 EFT A	LODHESS.			Change	Add:tion
TITLE NAME STREET ACCITESS CITY-ST-72P			DELETE	4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY	E IE ET AC	DORESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIF			☐ DELETE	5 1 THU 5 2 NAMI 5 3 STHE 5 4 CITY	E E E I AZ	DORESS		1,500	☐ Change	Add tion
TITLE NAME			☐ DELET <del>L</del>	6 1 Tille 6 2 NAME	E	inpuce			☐ Change	Addition

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and oos not quality 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 appears in Block 12 or Block 33 if changes in on an attractiment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16.4 CITY S1-2/P

1

6.4 CITY ST-21P

6.3 STREET ADDRESS

CITY - ST - ZIF

954-462-9200 DA, time Phone #

CR2E034 (12/95)