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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17713

(2)

A.I.C. INTERNATIONAL, INC.

FILED Apr 24 1998 8:00am Secretary of State

. I LA BORDON KAN BURNI KANDAN MANAH BURNI KINDI BURNI BURNI BURNI BURNI BURNI AKAN MANAH MENDI ARAN KANDI

Principal Plac	e of Business	Mailing Address				HI DIBIK DIDIL DIBIL DIBIL	HEN DIÐN IEÐI
6332 S. W. 22ND ST. 6332 S. W. 22ND ST. MIAMI FL 33155 MIAMI FL 33155				DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualified		/
<u> </u>		Y			07/08/1985	··	
<u> </u>	face of Business	2a. Mailing Address			4. FEI Number	 	Applied For
Sulte, Apt.	# alc	Suite, Apt. #, etc.	_		59-7551642	· · · · · · · · · · · · · · · · · · ·	Not Applicable
22	π, θιο.	27			5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May 8e	
23		28			Trust Fund Contribution		d to Fees
Zip	Country Zip Co		Country	,	8. This corporation owes or has pa	aid the current year !	Intangible
24	252930		30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ALONSO, JUAN FRANCISCO			81	Name			
6332 S . W. 22ND ST.			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
MLA	AMI FL 33155		83				
						· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 85 Zi	p Code
11, Pursuant	to the previsions of Sections 607 0502	and 607.1508, Florida Statut	les, the above	e-named cor	poration submits this statement for the	purpose of changing	its registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the abliquitions of, Section 607.0505, Florida Statutes.							
SIGNATURE	,						
SIGNATURE	Signature, typed or printed name of regenered a jent		L: Registered Age	nt signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TITLE				Addition
NAME	ALONSO, JUAN FRANCISCO		1.2 NAME				
STREET ADDRESS	6332 S. W. 22ND ST.		1.3 STREFT				
CITY-ST-ZIP TITLE	MIAMI FL DTS	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change	e Addition
NAME	MAGGIE, ALONSO	C) breeze	2.2 NAME			C Criange	, Li Addition
STREET ADDRESS	6332 S.W. 22ND ST.		2.3 STRÉET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-				
TITLE	DV	DELETE	3.1 TITLE	31-211		☐ Change	Addition
NAME	ALONSO, FRANK		3.2 NAME				_
STREET ADDRESS	5675 S.W. 129 PL.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	4814441 71		3.4. CITY-5	ST - ZIP			
TOTLE	DV	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	MARIA EAloNSO		4 2 NAME				
STREET ADDRESS	68325W7757 Mirmiffa 33		4 3 STREET	ADDRESS			
CITY-ST-ZIP	Mirmitta 33	/ \$5°	4.4 CiTY-S	1 - ZIP			
TITLE		☐ DELETE	5 1 TITLE			☐ Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	61 THTLE			L_J Change	Addition
NAME			62 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 oath, that I am an officer or director of the constraint or trusted 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 attachingly with an address.