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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



M31230

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90015 035 ***150.00

	ric and foreign sales,	INC.						
Principal Place	of Business	Mailing Address	_		_	- 4 (00)(04)() (00 (03)() (10)(£ () 000 (10)(00)(0	IBLA BIBAL BIBA BABA	I OLDIL BIBIL LODI
120 N.E. 20TH STREET 120 N.E. 20TH STREET								
MIAMI FL 33137 MIAMI FL 33137						DO NOT WIRITE IN T	UIC CDACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						· ·		
9 D () () and D(land of Divisions	2a. Mailing Address	_			04/29/1986 4. FEI Number		pplied For
						59-2672577	⊢	lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						<u>_</u>		Additional
						5. Certificate of Status Desired	Fee R	Required
22 27 City & State City & State						6. Election Campaign Financing	\$5:00	May Be
23	•	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		53. .
24	. 25		30		_	Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81		10. Name and Address of New Registe	rea Agent	
D DA	IWN, GARY L. (C.P.A.)			"	Name	<u></u>		
	I S.W. 87TH AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		j
	TE 203			83	_			
	VI FL 33173							
				84	City	1	FL 85 Zip	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	utnonzec	זו עס ני	e corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as r	registered
SIGNATURE	Clausters hand or printed name of registered name	ent and title if applicable (NOTE			signature require	d when reinstating) DAT	E	
	Signature, typed or printed name of registered age				signature require	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
SIGNATURE 12.	OFFICERS AN	nt and title if applicable. (NOTE ND DIRECTORS	: Registered	Agent s	signature required	5,		
12.	OFFICERS AN	ND DIRECTORS	Registered	Agent s	signature required	5,	S AND DIRECT	
12. TITLE	OFFICERS AN	ND DIRECTORS	13. 11 TI	Agent's	signature required	5,	S AND DIRECT	
12. TITLE NAME	OFFICERS AF PSD PEDERSEN, GUNNAR	ND DIRECTORS	13. 11 TI 1.2 NA 1.3 ST	Agent's	DOPRESS	5,	S AND DIRECT ☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AF PSD PEDERSEN, GUNNAR 16465 NE 31ST AVE	ND DIRECTORS	13. 11 TI 1.2 NA 1.3 ST	TLE AME TREET A	DOPRESS	5,	S AND DIRECT	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEDERSEN, GUNNAR 16465 NE 31ST AVE N MIAMI BCH FL VDT PEDERSEN, JUDI	ND DIRECTORS	13. 11 Ti 1.2 N/ 1.3 SI 1.4 Ci	TLE AME TREET A TY-ST-	DOPRESS	5,	S AND DIRECT ☐ Change	Addition
12. TITLÉ NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD PEDERSEN, GUNNAR 16465 NE 31ST AVE N MIAMI BCH FL VDT PEDERSEN, JUDI 16465 NE 31ST AVE	ND DIRECTORS	13. 11TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TLE AME TREET A TY-ST-: TLE	DOPRESS	5,	S AND DIRECT ☐ Change	Addition
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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 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, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H30/99 576-0192