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FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M49906** (4)
1. Corporation Name
H. DUDOFF INTERNATIONAL SALES, INCORPORATED



Principal Place of Business

P. O. BOX 2822
KEY LARGO FL 33037

Mailing Address

P. O. BOX 2822
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1987

4. FEI Number

59-2809972

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CAILLAUD, PAUL A.
12208 S.W. 194 TERRACE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME DUDOFF, HAROLD
STREET ADDRESS 1577 DAY RD
CITY-ST-ZIP MIAMI BCH. FL ☒ DELETE

TITLE VTD
NAME POWELL, PAMELA
STREET ADDRESS 10 GOLF VILLAGE UNIT B
CITY-ST-ZIP KEY LARGO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME DUDOFF, MICHAEL
1.3 STREET ADDRESS 10 GOLF VILLAGE, UNIT B
1.4 CITY-ST-ZIP KEY LARGO, FL 33037 ☒ Change ☐ Addition

2.1 TITLE TSD
2.2 NAME POWELL, PAMELA
2.3 STREET ADDRESS 10 GOLF VILLAGE, UNIT B
2.4 CITY-ST-ZIP KEY LARGO, FL 33037 ☒ Change ☐ Addition

3.1 TITLE VSD
3.2 NAME DUDOFF, STEFAN
3.3 STREET ADDRESS 245 BRONZE LEAF DRIVE
3.4 CITY-ST-ZIP CHRISTIANSBURG, VA 24073 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: PAMELA POWELL *Pamela Powell*

01-19-98 205 2/4 4210

CR2E034 (10/97)