Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90168 040 ***158.75

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 # M60941

1. Corporation Name

INTERNA	Tional grove developn	MENT CORPORATION							
Principal Place	of Business	Mailing Address					Bar (19) 219(1 a.		rigit dien iest
1529 NW 89 COURT 99 N.W. 183 STREET MIAMI FL 33172 SUITE 122 MIAMI FL 33169						DO NOT WRI	TE IN THIS	SPACE	
						3, Date Incorporated or Qualifed 10/16/1987			ĺ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	plied For
21 26 26						65-0719897		No	ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_	5. Certifcate of Status Desired	_┗/	* • • • •	Additional equired
City & State City & State 28						6, Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip	Соц	ntrv		8. This corporation owes the curr	ent vear Inta	ngible	
24	25 29 30			- ·		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered /	\gent	
0.17/	OIA EDIMADD			81 (Name				
Garcia, Edward 99 N.W. 183 Street			!	82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
SUITE 122			į	83		77.00			
MIAMI FL 33169			,	84 (City			85 Zip	Code
	to the provisions of Sections 607.0502				•		FL_] [
agent. I ai	to the provisions of Sections 607,050, egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	utes.		when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	□ Change	Addition
TATLE			1	1.1 TITLE				□ Change	L Add: Wolf
NAME	.22,000,0002		1.2 NA						
STREET ADDRESS	BALMES 243, 64TD		- E	1.3 STREET ADDRESS					. }
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE				☐ Change	Addition
TITLE A			2.2 NA						
STREET ADDRESS	7924 N.W. 66TH STREET		•	TREET AC	DORESS				}
City-ST-ZIP	MIAMI FL		2.4 C	ITY-ST-2	ZIP				
TITLE	-□ DELETE 3		3.1 17	TLE	•	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			3.2 N	AME.					
STREET ADDRESS			4	TREET AC	l				Į
CITY-ST-ZIP				TTY-ST-	ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TF					☐ Citalige	L] /tddiddii
NAME !			4.2N						\
STREET ADDRESS				TREETAL	- 1				
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 Ti	TY-ST-Z	3P			Change	Addition
I TITLE		□ presig	5.2 N						<u> </u>
NAME				reet al	DORESS				1
STREET ADDRESS				TY-ST-Z	l				}
CITY-\$T-ZIP TITLE		☐ DELETE	6.1 T					Change	Addition
c			6.2 N	AME					i

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 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 like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS