2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 29, 2002 8:00 am Secretary of State

1. Entity Name	MENT # M62675 INTERNATIONAL HOLDINGS		V	05-29-2002 90139 001 ***		
Principal Place of Business 7280 W PALMETTO PARK RD SUITE 201 BOCA RATON FL 33433		Mailing Address 7280 W PALMETTO PARK RD SUITE 201 BOCA RATON FL 33433				
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE		
Suite, Apl. (, etc.	Suite, Apt. #, etc.		And SERVICE AND ADDRESS OF THE ADDRE	olied For	
City & State		City & State		65-0021385 Not	Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
- ,	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent	نياد 	
FRANKE, INGRID A 7280 W. PALMETTO PARK ROAD				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 201 BOCA RATON FL 33433			City	FL Zip Code		
SIGNĀTURE .	Signatural, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ			
9. This corporation is eligible to satisfy its Intangible Tax filing requiremed and elects to do so. (See criteria on back)		FiLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State				
11. TITLE NAME	OFFICERS AND DI M FRANKE, INGRID	Delete	12. TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition 3	
STREET ADDRESS CITY-ST-ZIP	7280 W PALMETTO PARK RD BOCA RATON FL		STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS	D Kropka, Christopher 178 St. George Street Toronto, Canada	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clange		
TITLE	DST	☐ Delete	TITLE NAME	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TIKAL, MANFRED A. 178 ST. GEORGE STREET TORONTO, CANADA		STREET ADDRESS CITY-ST-ZIP			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	Tonomic, oraș săr	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change	☐ Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
42 I basabu	certify that the information supplied with the double of the continuous conti	nis filing does not qualify for rue and accurate and that me vered to execute this report th all other like empowered.	the exemption stated in y signature shall have as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the in the same legal effect as if made under oath; that I am an officer of 607, Florida Statutes; and that my name appears in Block 11 of	nformation or director r Block 12 if	

4-09.02

393-0736