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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 10 1997 8:00am  
Secretary of StateDOCUMENT # **N34228** (9)

1. Corporation Name

**FRIENDS SERVICES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**211 N.W. 102 STREET  
MIAMI FL 33150  
US****211 N.W. 102 STREET  
MIAMI FL 33150-1448  
US**3. Date Incorporated or Qualified  
**09/15/1989**3a. Date of Last Report  
**06/17/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip

Country

**28** Zip

Country

**24** Zip

Country

**29** Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELZER, DAGMAR  
211 N.W. 102 STREET  
MIAMI FL 33150****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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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. Not familiar with, and accept no obligations of, Section 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SPD** ☐ DELETE  
NAME **SELF, JOHN A**  
STREET ADDRESS **3 PRINCE STREET**  
CITY-ST-ZIP **BELIZE CITY, CENTRAL AMERICA**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **VTD** ☐ DELETE  
NAME **WILLIAMS, LEONARD**  
STREET ADDRESS **3 PRINCE STREET**  
CITY-ST-ZIP **BELIZE CITY, CENTRAL AMERICA**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE  
NAME **LUMB, JUDITH REA R**  
STREET ADDRESS **3 PRINCE STREET**  
CITY-ST-ZIP **BELIZE, CENTRAL AMERICA**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE  
NAME **CORDRAY, RICHARD**  
STREET ADDRESS **2110 A THICKET PLACE**  
CITY-ST-ZIP **HUNTSVILLE AL 35802**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **PELZER, DAGMAR**  
STREET ADDRESS **211 N.W. 102 STREET**  
CITY-ST-ZIP **MIAMI FL 33150**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030634

CR2E037 (9/96)