FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Elzeris

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ANN	UAL REPOR	T	Secretary)	of State	Ì			ð	
	1999	WE TEN	DIVISION DF CO	ORPORATIONS		Ü	Length lime that	r	
DOCU 1. Corporation	MENT # on Name	N99000C					C 20 AM 10:		
Unite	d B	ofhers IN	uternationa Ch., Inc. Mailing Address	1 OF		SECR TALLA	ETAILY OF STA HASSEE, FLO	ATE RIDA	_
Principal Plac	ce of Business	ALIII DET	Mailing Address						_
1101		at lacast				08/17/80	79 90000 DO NOT WRITE IN	9 008 THIS SPACE	61.a:
West	1 1410	1 Benen	J. 1 - 22/)	3. Date Incorpora	ated or Qualifed		
2. Principal F	Place of Business		a. Mailing Address			4. FEI Number	0-10	- Ar	pplied For
21 496	6 CAri	65EAN BLOZE	5 <u>0</u>	me	}	65-	086480	1 ! '	ot Applicable
Suite, Apt.	#, etc.	Booch II	Suite, Apt. #, etc.			5. Certifcate of S		\$8.75	Additional
22 //E S	t rain	IGNULM, PC 27	City & State						equired
23 33	407	28	٦		}	Election Camp Trust Fund Co	- 11		May Be to Fees
Zip	'/n / -	Country In Part	Zip	Country	-	· ·	n owes the current ye		
24 92	9 Name and	Address, of Current Reg	+	<u>ol</u>		Personal Prope	erty Tax. dress of New Regist	Yes	No
	7	T / 1/5	Isterou Agent	81 Name		PATO	et och	/s	
GA	5/01/5	1/041		82 Street	Address	(P.O. Box Number	r is Not Acceptable)		
· Gai-		L. Dive		امريكو					
110	6 14,12	Dean Blua		83		•			
W. Bo	· 6 151.	37407.		84 City				FL 85 Zip (Code
11. Pursuant	to the provisions	of Sections 607.0502 and	607.1508, Florida Statutes,	, the above-named	согрога	tion submits this st	atement for the nurno	se of changing its	registered
agent. I a	registered agent, c im familiar with, ar	nd accept the obligations of	rida. Such change was auth f, Section 607.0505, Florid	a Statutes.	poration's	Doard of directors	. I nerepy accept the a	appointment as re	gistered
SIGNATURE		ted name of registered agent and title	<u> </u>	SICLENT) (egistered Agent signature i	9/	CM 51	1045	04-23	
12.		OFFICERS AND DIR		13,	POQUINO AT		ANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	GASTON	-	☐ DELETE	1.1 TITLE	9	15/M3	170415	Change	Addition
NAME	treside	x 8/2/		1.2 NAME		18 Green &	one Bhy	O FEI	(t.
STREET ADDRESS CITY-ST-ZIP	WEST Pol	m BEACH, FC.	33407	1.3 STREET ADDRESS 1.4 City-St-Zip		· · · · · · · ·	ά - ´ θ .		() =
TITLE	WEST 171	- C/4	FR.K. DELETE	2.1 TITLE			Pm Beh-1	☐ Change	Addition
NAME .	d) concer	ALLE PALTE	2122	2.2 NAME	M	are De	urse 1	ean t	<u>.</u>
STREET ADDRESS	4966 C	wibbean Bl	and parting	2.3 STREET ADDRESS	1777	9 ENF	old ct	N PR I	
CITY-ST-ZIP TITLE	West A	ilm Beach	, FY 32407	2.4 CITY-ST-ZIP	22	/ 2441		Change :	<u>33 (45</u>
NAME	Decre	TARY	C 422210	3.2 NAME -	pes	srameau	XHLIEN	10	<u>p</u> , redition
STREET ADDRESS	1603 5	IVET BEALL	6 Rd #2	3.3 STREET ADDRESS	490	66 cary	bean-blv	al To	
CITY-ST-ZIP	CAKO P	Aric, Fl 3	3403	3.4. C/TY-S7-Z/P	W	P.B.FI	33407		
TITLE	Counse	Lor Anna	DELETE	4.1 TITLE	1			Change	Addition
NAME STREET ADDRESS	SARE!	STATE OF THE STATE		4.2 NAME 4.3 STREET ADDRESS	}				
CITY-ST-ZIP	West	In Beat	A 33415	4.4 CITY-ST-ZIP					
TITLE	Chat.	MAN	☐ DELETE	5.1 TITLE			-	☐ Change	Addition
NAME	Charle	naget Meta	XET	5.2 NAME					
STREET ADDRESS	1500 N	0 60 87 3	10 XX XV.	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
CITY-ST-ZIP .	yes/ Y	gen Bealth	DELETE	6.1 TITLE	 			☐ Change	Addition
NAME				6.2 NAME		*			
STREET ADDRESS				6.3 STREET ADDRESS		ri V	1 TS		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<u> </u>				
indicated	on this annual rep	ort or supplemental annua	filing does not qualify for that report is true and accurate	e and that my sign:	ature sh	all have the same I	egal effect as if made	under oath; that I	l am an
officer or	director of the corp	poration or the receiver or	trustee empowered to exec	cute this report as r	required	by Chapter 607, F	londa Statutes; and the	nat my name appe	ars in

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.