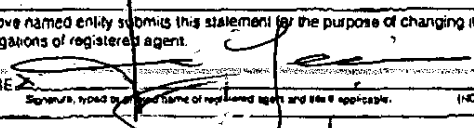
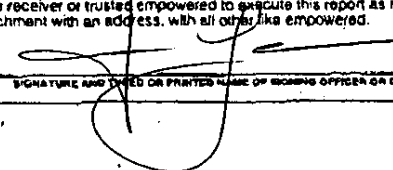


FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/29/2004 9:20 AM 047-5150.00-5150.00

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000046113					
1. Entity Name A.S.I. INTERNATIONAL CORP.					
Principal Place of Business 9365 SW 89TH ST MIAMI, FL 33176			Mailing Address 9365 SW 89TH ST MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 55-0841196				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YESIL, KADRIYE I 9365 SW 89TH ST MIAMI, FL 33176			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is OK if Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when re-appointing)					
FILE NOW!!! FEB 18 \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution... ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	YESIL, KADRIYE I		NAME		
STREET ADDRESS	9365 SW 89TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	YESIL, SEMA		NAME		
STREET ADDRESS	9365 SW 89TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OZDAMAR, AYSE C		NAME		
STREET ADDRESS	9365 SW 89TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			10/18/2004		
SIGNATURE AND PRINTED NAME OF BOARDING OFFICER OR DIRECTOR			Date		