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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P32503

ADR INTERNATIONAL, INC.

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17 PA	LMETTO D	R.	
MIAMI	SPRINGS	FL	33166

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90029 010 ***150.00



Principal Place	e of Business	Mailing Address				I SAMISMALIAM ISTALISMU MISTI ANIME COS MANTES ON	TII ATAIS SIDII	ALMIS MIDIL SUBS
17 PALMETTO DR. MIAMI SPRINGS FL 33166 US		7111 BISCAYNE BLVD MIAMI FL 33138 US		DO NOT WRITE IN THIS SPACE				
00		•				3. Date Incorporated or Qualifed		
						01/16/1991	٠.	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	pplied For
21 711	Biscayne Blvd	26				65-0248036		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta	ngible	
Zip 331;	38 25 USA	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered A	gent	
				81	Name			
	en, Susan			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	I BISCAYNE BLVD		}	-	0110017100			
MIAI	VII FL 33138			83				ļ
				84	City		85 Zip	Code
				04	City	FL	103	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida. Such change was at	ithorized	by t	-named corp he corporati	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoin	manging its iment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 TIT	LE			☐ Change	Addition
NAME	ALLEN, CHARLES N.		1.2 NA	ME				
STREET ADDRESS	5859 BISCAYNE BLVD		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-	ZIP			
TITLE	DS	☐ DELETE	2.1 TtT	LΕ			☐ Change	Addition
NAME	ALLEN, SUSAN		2.2 NA	ME				ĺ
STREET ADDRESS	5859 BISCAYNE BLVD		2.3 ST	REET /	ADDRESS		~	
CITY-ST-ZIP	MIAMI FL		2. 4 CF		-ZIP			
TITLE	D	DELETE	3.1 TIT	LE			Change	☐ Addition }
NAME	JENNIFER ALLEN		3.2 NA					
STREET ADDRESS	1234 NE 96TH ST		3.3 STI	REET/	ADORESS			
CITY-ST-ZIP	MIAMI SHORES FL		3.4. CI		-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TIT				Change	Addition
NAME			4. 2 NA	ME				J
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT		ZIP		Change.	Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA				Change	☐ Addition }
NAME					noncee			1
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		F Beleve	5.4 CIT 6.1 TIT		ZIP		Change	Addition
TITLE		☐ DELETE					'∐ Change	☐ Mudition
NAME			6.2 NA		ADDRESS		•	
STREET ADDRESS				KEEL A	ADDRESS	•		

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.