FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS									
DOCU 1. Corporatio	MENT # P920	00005303 (2	2)						
1 '	A INTERNATIONAL, INC.	•	•						
111011						1 180 H	in com fanc	1318 CHIEF	1 (1111 6 2 (2) 6 (4) 6 (2)
Principal Place of Business Mailing Address					···				
	POTH STREET	Ÿ	3366 S.W. 28TH STREET						
MIAMI FL 3	3133	MIAMI FL 33133							
						3. Date Incorporated or Qualified		ite of Las	
2. Principal Pl	ace of Business	2a. Mailing Address	2a, Mailing Address			11/12/1992 4. FEI Number		02/28/	1995 Applied For
21		26	·			65-0376528			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional
City & State	e	City & State				6. Election Campaign Financing			ee Required .00 May Be
23		28				Trust Fund Contribution		Ad	ided to Fees
Zip [24]	Country 7 p Country 25 30			•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curr				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	-	i Agent	
DECADIO OFODOS I				81	Name				
	o, george j Once de Leon Blyd.				Street Add	ess (P.O. Box Number is Not Acceptable)			
SUITE 4	SUITE 430								
CORAL GABLES FL 33134				84	City			85	Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about registered agent, or both, in the State of Florida Such change was authorized by the familiar with agent, or some first statutes of Section 607.0506. Florida Statutes.]	anod sorre	Section reports this statement for the	FI		•
or register familiar wi	red agent, or both, in the State of Fl th, and accept the obligations of, Se	orida. Such change was authori ection 607 0505. Florida Statute	res, me acc zed by the r	corp	oration's boa	pration submits this statement for the pard of directors. Thereby accept the ap	urpose of cl pointment a	nanging It is register	ts registered office red agent. I am
SIGNATURE			··						
12.	Signature, typica or printed name of registered ag OFFICERS A	pent and trie if approatie (No AND DIRECTORS	OTE: Registerer 13.	(Age	t signature, se pri	atwentendation ADDITIONS/OHANGES TO OF	DATE	EN ENEW CO	70500 111 10
THLE				111111		ADDITIONS/OFMINGES TO OR		Chance	
NAMI	BRIZTEN, JOHN P		1.2 N	1.2 NAME					,
STREET ADDRESS	3366 S.W. 28TH STREET		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133	E3 bilber	1.4 CHY - \$1		1 - ZIP				
TITLE NAME		☐ DEFE1E	2 17/11/15					Charig	e 🔲 Addition
STREET ADDRESS			22 N		400brac				
CITY - ST - ZIP				intti ITY-S	ADDRESS				
TIFLE		DELFTE	3 1 1					Chang	e 🔲 Addition
NAME			3 2 N	AM8					
STAFET ADDRESS			33 S	TREET	ADDRESS				
CliY-ST-7IP			3 4 CI		I - ZIF				
TITLE NAME	DELETI		4. 1 T(TLE 4.2 NAMÉ					Chang	e Addition
STREET ADDRESS			. I		A D C-D C-OC				
CITY-S1-ZIP					ADDRESS				
TITLE		DELETE	4.4 CI 5.1 T		1-21			Chang	e Addition
NAME		_	5 2 N/						
STREET ADDRESS			5 3 S1	REEL.	ADDRESS				
CITY-S1-ZIP	,,	, , ,,	540	IY-SI	1 - ZIF				
TITLE		☐ DELETE	6 1 TI					Change	E Addition
NAME CIPLLE ADSOLOG			62 N						
STREET ADDRESS			6.3 \$1	REFT	ADDRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 18 if charge I, or by an anachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)