Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90144 019 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000026378

SCHROT	H INTERNATIONAL, INC.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>6:6 6:186</b> 31(1) ()	8881 (81) (8 <b>8</b> )
Principal Place	of Business	Mailing Add	ress	<u> </u>		(   <b>    </b>	<b>810 0</b> 11 <b>00</b> 16166 11	1861 (AB) (AB)
104 CRANDON		C/O 250 CA	TALONIA AVENUE	<b>=</b>				
SUITE 423		SUITE 705			50 NOT WELL	TE IN TURO (	SDA OF	
KEY BISCAYNE	FL 33149		ES FL 33134		DO NOT WRI	IE IN I HIS	SPACE	
		US 			3. Date Incorporated or Qualifed 04/09/1993			
	ace of Business	2a. Mailing A	Address		4. FEI Number		<u> </u>	lied For
21 8611 A		26			65-0422118		\$8.75 A	Applicable
Suite, Apt. 4	#, etc.	Suite, Ap	ot. #, etc.		5. Certificate of Status Desired		Fee Rec	I
City & State		City & S	tate		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	
Zip 24 33/	Country 25	Zip 29	30	Country	<ol><li>This corporation owes the current Personal Property Tax.</li></ol>	·	Yes	□No
	9. Name and Address of Current I	Registered Ago	ent		10. Name and Address of New F	Registered A	gent	
TDAY	TOCO ILIANI			81 Name R		TRIZ		1
TRAVERSO, JUAN				82 Street Add	ress (P.O. Box Number is Not Accepta N.W. 72ND 5/2	able)		}
104 CRANDON BLVD SUITE 423					NIW. 72ND 5/R	1.65 1_	<u>.                                    </u>	
	BISCAYNE FL 33149			83				j
NEI	DIOUATRE EL 33143			84 City //	Ami,	FL	85 Zip C	ode
			Clasida Statutas	the above named corr	poration submite this statement for the	nurnose of o	hanging its.	egistered ==
11. Pursuant t	to the provietons of Sections 607.0502 agistered agent; or both; in the State of in familiar with, and accept the obligation	Florida Such	change was auth	orized by the corporati	on's board of directors. I hereby accep	ot the appoin	tment as reg	istered
	n familiar with, and accept the obligation	ns of Section 6	307.0505, Florida	a Statutes.				ļ
SIGNATURE	Signature, typed or printed name of registered agents	nd title if applicable.	(NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE		— <u> </u>
			<del></del>					
12.	OFFICERS AND	DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	
			DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	RS IN 12
12.	OFFICERS AND		DELETE		ADDITIONS/CHANGES TO OF	FICERS ANI	<del></del>	
12.	D SCHROTH, WALTER 104 CRANDON BLVD SUITE 423		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS ANI	<del></del>	
12. TITLE NAME	D SCHROTH, WALTER			1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	D SCHROTH, WALTER 104 CRANDON BLVD SUITE 423		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS ANI	<del></del>	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROTH, WALTER 104 CRANDON BLVD SUITE 423			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	☐ Addition
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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 aproval 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATIVE WALKISCH
SIGNATURE AND TYPED OR PRINTED WALK OF SIGNING OFFICER OR DIRECTOR

January 20, 1999

Daytime Phone #

144/00)