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

PROFIT CORPORATION ANNUAL REPORT

1999

12501 S.W. 108TH AVENUE

MIAMI FL 33176



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90099 002 ***150.00

DOCUMENT #	P93000031726
Comoration Name	1 00000001120

MULTIWIPE INTERNATIONAL, INC.										
Principal Place of Business Mailing Address							1 100/1000 110 70/00 18/11 00/11 00/11 06/11	ALD B FAIRE		
12501 S.W. 108TH AVE. 12501 S.W. 108TH AVE. MIAMI FL 33176 MIAMI FL 33176			H AVE.				DO NOT WRITE IN T	HIS SP/	ACE	
						3.	Date Incorporated or Qualifed 04/30/1993			
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4.	FEI Number		Applied For	
21	•	26		٠		- "	65-0905636	•	Not Applicabl	
Suite, Apt. i	#, etc.	Suite, Apt. #	t, etc.			5.	Certifcate of Status Desired	\$	8.75 Additional Fee Required	
City & State	,	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Cour 30	itry		8.	This corporation owes the current year Personal Property Tax.		ble Yes □No	
24	9. Name and Address of Cu					10.	Name and Address of New Register	ed Age	nt	
MATC	CHETTE, ANA			81 82	Name Street Addres	s (F	P.O. Box Number is Not Acceptable)			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligations. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligations. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligations.

83

City

SIGNATURE	MA Material Modern		MARCH	26 199	9_
OIGHA! ORE	Signature, triped or printed name of registered agent and title if spolicable. (NOTE: F	Registered Agent signature required when rei			
12.	OFFICERS AND DIRECTORS	13. A	DDITIONS/CHANGES TO OFFICERS AN		
IIITE	D □ DELETE	1.1 TITLE		Change	☐ Addition
NAME	MATCHETTE, ANA	1.2 NAME			
STREET ADDRESS	12501 S.W. 108TH AVE.	1.3 STREET ADDRESS	•		{
CITY-ST-ZIP	MIAMI FL 33176	1,4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition
VAME	MATCHETTE, RICHARD J	2.2 NAME			}
STREET ADDRESS	12501 S.W. 108TH AVE.	2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33176	2, 4 CITY-ST-ZIP			
UITE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
AME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	•		Ì
חוד דים עדם		3.4. CITY-ST-ZIP			

4,1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

4.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 repeiver or trustee impowered 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 attachney with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

☐ DELETE

26/3/99 305-233-1952

Zip Code

85

Change

☐ Change

Change

Addition

Addition

Addition |