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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034361 (4)

CZAR INTERNATIONAL ENTERPRISES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				4 1111 4124 1111 4 111 11 11 11 11 11 11 11 11 11
CZAR INT ENT N & N 1323 SE 17TH ST 607 SUITE 607 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33			3301		DO NOT WRITE IN T	HIS SPACE
US		U\$			3. Date Incorporated or Qualified 05/12/1993	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				65-04 10320	Not Applicable
27		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		041 11-	10. Name and Address of New Register	ed Agent
	VRRY, DAVID			81 Name		
1323 SE 17TH STREET #607				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT	LAUDERDALE FL 33316			00		
I				63		
				B4 City		85 Zip Code
		FOO - 1007 1000 Ft 11 0			•	EL 65 Zip Code
office or i	registered agent, or both, in the Sta	ite of Florida. Such chan oc wa i	s authorized	d by the corpora	poration submits this statement for the purpostion's board of directors. I hereby accept the	appointment as registered
agent. I a	am familiar with, and accept the ob-	ligations of, Section 607.0505, I	Florida Stat	utes.		
SIGNATURE	Signature, typed or printid name of registered	, , , , , , , , , , , , , , , , , , ,	OIF Dusidan	d Agent signature requi	red when reinstaling) OA	TE
12.		AND DIRECTORS	13.	Agent signature rector	ADDITIONS/CHANGES TO OFFICERS	
TITLE	1 D	DELETE	1.1 10	TLF		Change Addition
NAME	BARRY, DAVID		1.2 NA	IME.		
STREET ADDRESS	1323 SE 17TH STREET #6	07	1.3 \$T	REET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CO	TY-ST-ZIP		
TITLE		DELETE	2.1 111	·····		Change Addition
NAME			2.2 NA	iME .		•
STREET ADDRESS			2 3 ST	HEET ADDRESS		
CITY-ST-ZIP			2.40	ITY-ST-ZIP		
TITLE		DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME			3.2 N/	AME .		
STREET ADDRESS			3.3 \$1	RFET ADDRESS		•
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		∐ DELETE	4.1 111			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		T ties swe		TY-ST-Z⊮P		Change Addition
TITLE		☐ DELETE	5.1 Tri			Change Addition
NAME			5.2 NA			
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP		DELETE		TY-\$1-ZIP		Change Addition
TITLE		□ DETEIE	6.1 7:1			CT Original TT Modified
NAME			6.2 NA			(
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	i		■ 6.4 CI	TY-\$1 - ZHP		

14. Thereby 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 an an attachment with an address.

26 K GS.