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

CORPORATION ANNUAL REPORT



SIGNATURE: MANUAL TOLONG OFFICER OF DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000039700 (8)

**DOCUMENT #** 1. Corporation Name

| 12                         | INTERNATION Dati Place of Business 765 RED RD. DRAL GABLES FL 33             | 3   | Mailing Address  12765 RED RD. CORAL GABLES FL   |  |  |                                |   |                              |                               |                            |
|----------------------------|--|---|--|--|--|--------------------------------|---|------------------------------|-------------------------------|----------------------------|
|                            |  |   |  |  |  |                                | 3. Date Incorporated or Qualified 06/03/1993  | 3a. Date                     | of Last Re<br>1/06/19         | port<br>1 <b>95</b>        |
|                            | ncipal Piace of Busir<br>1765 Rec  |   | 2a. Mailing Address 26 Sam   | ······································   |  | EE-0414200                     |   |                              | Applied For<br>Not Applicable |                            |
|                            | ite, Apt. #, etc.  | e e emen. Tren na ceste e un                      | Suite, Apt. #, etc   |  |  |                                | 5 Certificate of Status Desired 🔀 \$8.75  |                              |                               | Additional<br>Required     |
| Cit                        | y & Stale<br>Loral Gab   | les   | City & State   | and the contract of the contra |  |                                | Election Campaign Financing     Trust Fund Contribution   |                              | \$5.00                        | May Be                     |
| Zıç<br>24                  |  | Country 25  | Z <sub>i</sub> p   | Coun<br><b>30</b>  |  |                                | 8. This corporation has liability for in Florida Statutes X Yes   |                              |                               |                            |
|                            | 9. Name  | and Address of C                                  | urrent Registered Agent  |  |  | N                              | 10. Name and Address of New R   | egistered A                  | gent                          |                            |
|                            | JALALI, MOZHE  |   |  | la   | 31   | Name                           | Same  |                              |                               |                            |
|                            | 12765 RED RD.  |   |  | 8  | 32   | Street Addre                   | ss (P.O. Box Number is Not Acceptabl  | e)                           |                               |                            |
|                            | <b>CORAL GABLES</b>  | FL 33156  |  | 8  | 33   |                                |   |                              |                               |                            |
|                            |  |   |  | 8  | 34   | City                           |   | ·                            | 85 Zp                         | Code                       |
|                            | . <b> </b>   | ·   | · Marian in the control of the contr |  |  |                                | tion submits this statement for the pur   | <u> </u>                     |                               |                            |
| CITY : S<br>TIT: E<br>NAME | ADDRESS D JALA 1276  | OFFICER U, MOZHE 5 RED RD. AL GABLES FL 33        | S AND DIRECTORS  | 13. 1 1 TITL 1 2 NAM 1 3 STHE 1 4 CITY 2 1 TITL 2 2 NAM 2 3 STRE 2 4 CITY  | Registerert Agord Signatur, mit and 13.  1 1 TITLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TITLE |                                | when reashategin  |                              | DIRECTOR Change Change Change | RS IN 12 Addition Addition |
| NAMÉ                       | ADDRESS  |   |  | 3.2 NAM  | IE<br>Eet  | ADDRESS<br>- ZIP               |   | L                            | ] Grange                      | Modition                   |
| TITLE                      | ADORESS  |   | ☐ DEI.ETE  | 4 1 TITL<br>4 2 NAM  | EET A  | ADDRESS                        |   | E.                           | ] Change                      | Addition                   |
| TITE.E<br>NAME             | AUDRESS  |   | ☐ DELETE   | 5 1 THL<br>52 NAM  | .E<br>IE<br>EE1 A  | ADDRESS                        |   |                              | ] Change                      | Addition                   |
| TITLE<br>NAME              | ADDRESS  |   | DEFERE   | 6 1 THTL<br>62 NAM   | LETA   | ADDRESS                        |   |                              | ] Change                      | Addition                   |
| 14.  <br>C                 | do hereby certify tha<br>ertify that the informa<br>ath; that I am an office | ation indicated on this<br>ser or director of the | annual report or supplemental and  | nished and do<br>nual report is<br>ee empowere   | oes<br>truc  | not qualify for<br>and accurat | r the exemption stated in Section 119.1<br>e and that my signature shall have the<br>report as required by Chapter 607, Flo | same legal e<br>xida Statute | ffect as if                   | made under                 |

3/25/1996 -