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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000064214

LLERRAD INTERNATIONAL, INC.

LERRAD INTERNATIONAL, INC.						
ncipal Place of Business	Mailing Address					
PO BOX 12936				TE IN THIS SPAC	:E ·	
t et lucie fi 34986	PIERCE FL 34947		DO NOT WRITE IN THIS SPACE			
1.21 50015 15 04000	8		3. Date Incorporated or Qualifed			1
_			09/15/1993	 -	Applied	For
	a. Mailing Address		4. FEI Number	Ì		plicable
Principal Place of Business 26	٦		59-3209533	\$8	.75 Addi	tional
	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Fee Requir	ed
Suite, Apt. #, etc.			6. Election Campaign Financing	\$	5.00 Ma	у Ве
City & State	City & State		Trust Fund Contribution		Added to F	
City & State	в		8. This corporation owes the cur	rrent year Intangib	le _	
Zin Country	Zip	Country	Derecasi Property Tax.		63	No
Zip Country 2		 	10. Name and Address of New	Registered Agen	ıt	
9 Name and Address of Current Re	gistered Agent	81 Name				` .
	THE STATE OF THE S	1 - 1	The state of the s	table)		
STARKE, LEONARDO D.		82 Street Add	iress (P.O. Box Number is Not Accep		<u> </u>	
3340 MCDONALD ST		83	19 19 18 18 19 19 19 19			
SUITE 3600		[63]	\$ 1.00 Bent 14 18 18 18 18 18 18 18 18 18 18 18 18 18	9823 524 19800 At R	5 Zip Co	de
ANALIS EL 22122		84 City	* * * * * * * * * * * * * * * * * * * *	La L	1	1
and accept the obligation:	3 01, 000					
Pursuant to the provisions of Sections 607,0502 are of office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation:	titte if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating),	DATE OFFICERS AND D	DIRECTOR	S IN 12
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable. (NOTE: RIDINECTORS	egistered Agent signature requ	ADDITIONS/CHANGES TO	OFFICERS AND D	DIRECTOR Change	S IN 12
SIGNATURE Signature, typed or printed name of registered agent and OFFICERS AND D	titte if applicable. (NOTE: R	egistered Agent signature required 13.	ADDITIONS/CHANGES TO C	OFFICERS AND D	DIRECTOR	S IN 12
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I nerepy 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 on an attachment with an address, with all other like empowered.

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90031 043 ***150.00