## 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 # P9300064620

M.T.T. INTERNATIONAL CORP.

Principal Place of Business						
14 NE 1ST AVE	SUITE 1204					
MIAMI FL 33131-						

2. Prin 21

Mailing Address

14 NE 1ST AVE.. SUITE 1204

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90013 021 \*\*\*158.75



MI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
· ·				3. Date Incorporated or Qualifed	j	
				09/13/1993		
Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For :	
, , , , , , , , , , , , , , , , , , ,	26			65-0443568	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•		5. Certificate 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	Zip	Count	ry 👢	This corporation owes the current year I     Personal Property Tax.	<b>72</b> Yes □No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	Alia Salas Salas	8	1 Name			
SATO, LEUI 14 NE 1ST AVE., SUITE 1204		8	82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
p dd	·	8	4 City	F	85 Zip Code	

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE  [Construct based or printed name of projectored agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature, typed or princed relating to registering agent and the property of								
12.		1.1 TITLE		Change				
TITLE			!	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
NAME	TAKAHASHI, MICHIO	1.2 NAME						
STREET ADDRESS	9963 NW 401 LANE	1.3 STREET ADDRESS	•					
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP		Change Addition				
ΠILE	TD DELETE	2.1 TITLE	L	Change				
NAME	DOS SANTOS, CELSO GONCALVE	2.2 NAME						
STREET ADDRESS	9963 NW 401 LANE	2.3 STREET ADDRESS	,					
CITY-ST-ZIP	MIAMI FL 33178	2. 4 CITY-ST-ZIP		<u> </u>				
TITLE	VD DELETE	3.1 TITLE		Change Daddition				
NAME	TAKAHASHI, YOKO	3.2 NAME	4					
STREET ADDRESS	9963 NW 401 LANE	3.3 STREET ADDRESS .	ومهم وحالف المحاكمين في المهي المراجع المحاسبين	143 53 BUBERTO PT				
14/26/3	MIAMI FL 33178	3.4. CITY-ST-ZIP		是特殊的自身				
CITY-ST-ZIP		4.1 TITLE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Change				
TITLE		4, 2 NAME						
NAME	SATO, LEIJI							
STREET ADDRESS	9963 NW 401 LANE	4.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP		Change Addition				
TITLE	DELETE	5.1 TITLE						
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS	3	*				
CITY-ST-ZIP		5.4 CITY+ST-ZIP						
TITLE	# CALLETE □ DELETE	6.1 TITLE	L	Change : Addition				
NAME	\$673 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6.2 NAME		- :				
STREET ADDRESS	The first of the second of the	6.3 STREET ADDRESS	•	,				
SIKEEI AUUKESS	A	64 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 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.