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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000071141 (4)

1. Corporation	MENT # P930 T INTERNATIONAL, INC)00071141 (4 :	4)			
Principal Place of Business		Mailing Address			FARBURBU IUR IRIUR AIRIU BOUU [[HAR MANNY MANNY NEGAR TINANY NIGAY MINER 1989 1881
5409 HARRISON STREET HOLLYWOOD FL 33021		5409 HARRISON STREET HOLLYWOOD FL 33021				
					3. Date Incorporated or Qualified 10/13/1993	3a. Date of Last Report 07/11/1995
2. Principal Place of Business		2a. Mailing Abulress		4. FEI Number 65-044 1502	Applied For	
Suite, Apt #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State 23		Oity & State 28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ· 29	Country 30		This corporation has liability for Florida Statutes	ntangible tax under s 199.032,
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New F	legistered Agent
HCA D	AANF) A		81	Name		
JISA, DA SANG HA	aniela Arrison street		82	Street Add	iress (P.O. Box Number is Not Acceptat	ie)
	VOOD FL 33021		83			
***************************************			84	City		los Z. Code
			04	City		FL 85 Zip Code
familiar with	n, and accept the obligations of, S grature typed or protect has a of registers to	ention 607.0505, Florida Statutes	ile Brywsei Age I 13.		and of directors. I hereby accept the app and when resolving ADDITIONS/CHANGES TO OFF	DeTt.
TITLE	PST DELETE		1.111[[5			Change Addition
NAME	JISA, DANIELA		1.2 NAME			
STREET ADDRESS	5409 HARRISON ST.		1.3 STREET	LAGERESS		
CHTY+ST+ZIP	HOLLYWOOD FL		1.4 CHY- 5	ST ZIË		FT Observed FT Address
TITLE NAME	T reffer		2 1 TITLS 2 2 NAME			Change Addition
STREET ADDRESS			2.3 STREET	ADDECCE		
CITY - ST - ZIP			2.4 CiTy - 9			
TITLE	☐ DELESE		3 1 TITLE			Change Addition
NAME			3.2 NAME			
SEREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-S1-ZIP			3 4 City - 5	S1 - ZIF		
THLE		DELETE 4 1 TITLE				☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STR&£T			
CITY-S1-ZIP	☐ NO CEC		4.4 City - 5	S1-ZIF		Chance C Addition
TITLE NAME	DEFELE		5 1 TILE 5 2 NAME			Change Addition
STREET ADDRESS			5.2 NAME 5.3 S1REE	Segarata !		
CITY-ST-ZIP			5 4 City - 5	+		
TITLE		DELETE	6 1 TITLE	11 - ZIF		Change Addition
NAME		L _	6.2 NAME	1		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this actional 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 employzered 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 arildress.

6.3 STREET ADDRESS

64 CHY-SI-2in

SIGNATURE: (

STREET ADDRESS

CITY - ST - ZIP

MANUEL DONIELA JISO

5/22/86 954-983-0475