PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071141

SELECT INTERNATIONAL, INC.

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90073 017 ***150.00

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Principal Place of Business Mailing Address 1400 ST. CHARLES PLACE 1400 ST. CHARLES PLACE DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 US 3. Date Incorporated or Qualifed US 10/13/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0441502 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State_ \$5.00 May Be City & State 6.-Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zlp 8. This corporation owes the current year intangible Zip □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JISA, DANIELA 82 Street Address (P.O. Box Number is Not Acceptable) 1400 ST. CHARLES PLACE **#PH 24** 83 PEMBROKE PINES FL 33026 85 Zip Code City 11. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE 1.1 TITLE TIFLE

CR2E034 (11/98) JISA, DANIELA 1.2 NAME NAME 1400 ST CHARLES PL., PH 24 STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33026 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME MANE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRES 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE MILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE me 6.2 NAME NAME 8.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

SIGNATURE: