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

DOCUMENT #
1. Corporation Name

P93000082359 (9)

PARKE LLOYDS INTERNATIONAL, INC.

Principal Plac	e of Business	Mailing Address					
9408 NW 70 TAMARAC F		9408 NW 70 STREET TAMARAC FL 33321					
9 Principal C	lace of Business	·			3. Date Incorporated or Qualified 01/01/1994	3a. Date of 05/0	Last Report 1/1995
2. Filicipal F	nace or Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			65-0453050		Not Applicat
22		27			5. Certificate of Status Desired	□ \$	8.75 Additional
City & State		City & State	Orty & State		6. Election Campaign Financing		Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Count	ry	8. This corporation has liability for in	ntangible tax ur	
24	25 9. Name and Address of Cur	[29]	30		Florida Statutes 🔲 Yes	□ No	
	9, Name and Address of Cur	rent Hegistered Agent		41 51	10. Name and Address of New Ro	gistered Age	nt
ורשתאחרו	N, ELIAS		8	1 Name			
	W. 70 STREET		8	2 Street Add	ldress (P.O. Bux Number is Not Acceptable)		
	AC FL 33321		8	3			
			L	1			
			8	1 "		E1 8	
familiar wii SIGNATURE	red agent, or both, in the State of Fit th, and accept the obligations of, Se Sgrature, typed or printed name of rejustment ag	ection 607.0505, Florida Statute:	S.	poration's boa	ration submits this statement for the purp and of directors. Thereby accept the appo	intrient as reg	ig its registered offi stered agent. I am
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
TITLE	LONDON FULO	☐ DE€ E TE	1 1 TICLE			☐ Ch	
NAME	LONDON, ELIAS 9408 N W 70TH STREET		1.2 NAM:				
STREET ADDRESS	TAMARAC FL		1.3 STREE	LADDRESS			
CITY - ST - ZIP TITLE	T	DELETE	1.4 CITY -				
NAME	LONDON, ELIAS		2 1 1111.6			Ch	lange 🔲 Addition
STREET ADDRESS	9408 N W 70TH STREET		2.2 NAME				
CITY - ST - ZIP	TAMARAC FL			F ADDRESS			
TITLE		[] DELETE	2 4 CHIY- 3 1 THE	ST-ZiP			
NAME			3.2 NAME			□ Cr.	ange 🔲 Addition
STREET ADDRESS				TADDRESS:			
CITY-ST-ZIP			3.4 C(TY+)				
TITLE		☐ DELETE	4 1 TITLE			Cr.	ange Addition
NAME			4.2 NAME				2 (3.0)
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 C/TY - 5	ST 21P			
THELE		DELEJE	5 1 THILE			[] Cha	ange 🔲 Addition
NAME STREET ADDRESS	•		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE		Files	5.4 CITY - S	51-719			
NAME		☐ DELETE	6 1 1111.6			☐ Cha	ange 🔲 Addition
STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			6 3 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1996 954-724-4294

1 188/188/ HT 18:88 HHI BOHL SOM SOM STORE 18:10 HERS THE STORE 18:10