E: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OR BEFORE 09/154 MINUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000082359

PARKE LLOYDS INTERNATIONAL, INC.

APPROVEL AND FILED

99 JUL 16 PM 3: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address	Mailing Address				
9408 NW 70 STREET		9408 NW 70 STREET					
TAMARAG FL 33321		TAMARAC FL 33321	TAMARAC FL 33321			DO MOT IMPLIE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/01/1994	
		1.00 1.00	·				
	Principal Place of Business 2a. Mailing Address					+ <del>-    </del>	
21			26			- £9.75	
Suite, Apt. #, etc.		— · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
22		27	City & State				
City & State		— ´	<b>⊢</b> ′			Election Campaign Financing     Trust Fund Contribution     Added to Fees	
23		28	T 0-	Country			
Zip	Country	Zip	<del>-</del>	uritry		8. This corporation owes the current year Intangible Personal Property. Yes	
24	9. Name and Address of Curre	29	30			10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Name and Address of New Negroterial Agent	
10	NDON, ELIAS			]"	1401110		
	08 N.W. 70 STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MARAC FL 33321						
ימי	MATERIA I E GGGZ I			83			
				84	City	85 Zip Code	
					•,	FL	
11. Pursuan	t to the provisions of sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove-	named corp	poration submits this statement for the purpose of changing its registered	
office or	registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. Such change wa: gations of, section 607,0505. I	s authoriza Florida Sta	eo by atutes	tne corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE		<b>3</b>					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE Regis	stered Ag	ent signature re	equired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	LDelete		1.11	TITLE		90000293 <b>92%</b> 90.4468 -07/22/9901098024	
NAME LONDON, ELIAS			1.2 NAM			-07/22/9901098024	
STREET ADDRESS	9408 N W 70TH STREET		1.3 STREET		ADORESS	****150.00 ****150.00	
CITY-ST-ZIP	TAMARAC FL	AMARAC FL 14		CITY-ST-	ZIP	WWW.100100	
TITLE	T DELETE 21		TITLE		Change Addition		
NAME	LONDON, ELIAS		221	NAME			
STREET ADDRESS 9408 N W 70TH STREET			2.3 STREET ADDI		ADDRESS		
CITY-ST-ZIP	TAMARAC FL		246	CITY-ST-	.7iP		
TITLE	1,412,43,42	DELETE		TITLE		Change Addition	
NAME	1	L.J DECETE		NAME		Juligo House	
STREET ADDRESS					ADDRESS		
				CITY ST			
CITY-ST-ZIP	1	DELETE		TITLE	*1F	Change Addition	
	1	□ DECE IE		NAME	ļ	Li Charige Li Addition	
NAME						N 1	
STREET ADDRESS					ADDRESS	ING ONE	
CITY-ST-ZIP	<u> </u>			CITY-ST-	-ZIP	// 1/1/pg	
TITLE		DELETE		5.1 TITLE		Change Addition	
NAME				NAME		7	
STREET ADDRESS	· ·		5.3 \$	STREET.	ADORESS		
CITY-ST-ZIP				CITY-ST	-ZiP		
TITLE		DELETE	61	TITLE		Change Addition	
NAME			621	NAME	1		
STREET ADDRESS			633	STREET.	ADDRESS		
CITY ST. 7IP			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.

SIGNATURE:

Elis Joak