PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008249

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	TERNATIONAL COMMUNICA					
Principal Plac	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , ,		
SOMO NW 82ND AVENUE 6003 NW 31ST AVENUE						
MIAMI FL 33122 FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				01/24/1994		}
	,	2a. Mailing Address		4. FEI Number	App	lied For
	Mace of Business NW 82ND AVE	26		65-0460187	Not	Applicable
21 3000 Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	π, ωω.	27		a. Certificate of Status Beauted	Fee Rec	
City & Stat	te . —/	City & State		- 6. Election Campaign Financing	\$5.00_	
23 MIA	MI, R	28		Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible ∐Yes I	□No
24 33/20	25 05/1		30	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent	81 Name	IV. METTIE ENG AUGUSTS OF REW REGISTE	and with	
MAN	ON VOCE					
	ON, YOSSI		82 Street Add	tress (P.O. Box Number is Not Acceptable)		
	8 SW 20TH STREET CA RATON FL 33486		83			
5 00.	W UKINU LE 20400					
ł	•		84 City		FL 85 Zip C	ode
			the shows samed con		4 1	registered
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida. Such change was autations of, Section 607.0505, Florida.	thorized by the corporat da Statutes	ion's board of directors. I hereby accept the a	ppointment as reg	harrien en
						Ļ
SIGNATURE				red when reinstating) DAT	E	
	Signature, typed or printed name of registered ag-	ent and title if applicable. [NOTE: I	Registered Agent signature required 13.		S AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered ago OFFICERS A		Registered Agent signature requir	red when reinstating) DAT	E	
12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature required 13.	red when reinstating) DAT	S AND DIRECTO	RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered ag- OFFICERS A P VANON, YOSSI	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature required 13. 1.1 TITLE	red when reinstating) DAT	S AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ago OFFICERS A P VANON, YOSSI 1398 SW 20TH STREET	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature required 13.1.1 TITLE 12 NAME	red when reinstating) DAT	S AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ago OFFICERS A P VANON, YOSSI 1398 SW 20TH STREET BOCA RATON FL 33486	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	red when reinstating) DAT	S AND DIRECTO	RS IN 12
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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 eath; 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. CITY ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90003 007 ***150.00

07-21-1999 90015 031 ***400.00