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

DOCH	1996 MENT # P94							
1. Corporation	INTERNATIONAL, INC.	000013207 (3)					
•					I LÊDIYA DI MA YANN ARAN EDIYI BA		1 888 (1888)	(8)) 88 (1) (88) (8 4)
Principal Place	e of Business	Mailing Address						
1224 CARDINAL CT 1224 CARDINAL CT					i i			
	E SPRINGS FL 32714	ALTAMONTE SPRING	S FL 32714					
					3. Date Incorporated or Qualified	So Date	of Last F	Doord
- F2 / 1 / 1 / 1 / 1					02/14/1994		M/17/19	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		7, 1, 1,	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.			59-3230036			Not Applicable
2	,	27			5. Certificate of Status Desired	122		5 Additional
City & State	0	City & State	·		6. Election Campaign Financing			Required
3 Zip	Country	28	Ţ		Trust Fund Contribution		Adde	00 May Be ed to Fees
4]	Country 25	Zip	Cour	ntry	8. This corporation has liability for	intangible ta	x under s	199.032,
·1	9. Name and Address of Cu		[30]		Florida Statutes Yes 10. Name and Address of New R	□ No	A ====	
				B1 Name	IV. Hame and Address of New A	egistered .	Agent	
	ez, noe n		-	82 Street Add	iress (P.O. Box Number is Not Acceptab			
	ARDINAL CT		L		riess (i.e. Box Normber is Not Acceptab	ie)		
ALIAM	Onte springs FL 32714			83				
			ļ	B4 City			85 Z	ip Code
1. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statute	es the about	P-named come	votion or books this state of 1	<u>FL</u>		
or register familiar wit	ed agent, or both, in the State of I th, and accept the obligations of, S	Florida. Such change was authorize Section 607.0505, Florida Statutes	ed by the co	orporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of cha pintment as	nging its i registered	registered office d agent. I am
SIGNATURE	-							
2.	Signature, typed or printed name of registered a	agent and title if applicable (NO AND DIRECTORS		gerit aignature require		DATE		
řlf	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFI			
AME	ALVAREZ, NOE N	Land Delete	1.2 NAM	1		L] Change	☐ Addition
REE I ADDRESS	1224 CARDINAL CT			EET ADDRESS				
TY-S1-7IP	ALTAMONTE SPRINGS FI	L 32714		-ST-ZIP				
TLE	SD	□ DELETE	2. 1 7171				Change	Addition
ME	ALVAREZ, ISABEL		2 2 NAM	!E		_		
REET ADDRESS	1224 CARDINAL CT	00744	2 3 STRE	EET ADDRESS				
TY-ST-ZIP	ALTAMONTE SPRINGS FL VD	L 32/14 ☐ DELETE		- S1 - ZIP				
ME	FREYE, LAURA C		3. 1 TITL 3.2 NAM				Change	Addition
REET ADDRESS	1224 CARDINAL CT		1	EET ADDRESS				
TY-ST-ZIP	ALTAMONTE SPRINGS FL	. 32714	1	-S1-ZIP				
LF	TD	☐ DELETE	4. 1 TITL				Change	Addition
ME	alva, santiago g		4.2 NAM	E		_	,	
REE! ADDRESS	1224 CARDINAL CT		4.3 STRE	ET ADORESS				
Y-ST-ZIP LE	ALTAMONTE SPRINGS FL		44 CITY					
ME		DELETE	5 1 TITLE				Change	☐ Addition
REE! ACORESS			5.2 NAMI					
Y-\$T-ZIP				ET ADDRESS				
LF.		DELETE	5 4 CITY - 6 1 TITLE				Change	Addition
ME		•	62 NAME			Ц	oug-life	Addition
REET ADDRESS			6.3 STREE	ET ADDRESS				
Y-ST-ZIP		/72	6.4 CITY -	ST-ZIP				
certify that to oath; that I	certify that the information supplie the information indicated on this ar am an officer or director of the co-	with this ling is voluntarily furnis naual report or supplemental annu- gration or the receiver or trustee	hed and do al report is to empowered	es not qualify for rue and accurat I to execute this	or the exemption stated in Section 119.0 e and that my signature shall have the sa report as required by Chapter 607. Flori	7(3)(k), Floridame legal el	da Statute fect as if i	s. I further made under

SIGNATURE:

PAGE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 407-682-2440