FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90027 028 ***150.00

DOCUMENT #	ŧ	P94000014581

1. Corporation Name

MULTI-INTERNATIONAL SALES, INC.

140					
Principal Place	e of Business	Mailing Address			
18915 NW 80TH	=	18915 NW 80TH CT			
Miami Fl 33015 US	5	MIAMI FL 33015 US		DO NOT WRITE IN THIS SPACE	
US		03		3. Date Incorporated or Qualifed	
	·			02/22/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21	× ==	26		65-0520664 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	· * 	\$8.75 Additional	
22	· ·	27		5. Certificate of Status Desired Fee Required	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
MOT	OTALO ICADEL O		- 81 Name	MORENO ISabe C	
	RENO, ISABEL C		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	5 NW 80TH COURT			8004 N.W 1542 STree!	
MIAN	AI FL 33015	Y .	83	Suite 185	
		``	84 City	A RE Zin Code	
				Miami FL 33016	
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.					
_	Til fallina Will, and accept the obliga	1010 01, 0000011 001.0000, 1 10110	a otalatoo.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature re		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETÉ	1.1 TITLE	D P ☐ Change ☐ Addition	
NAME	MORENO, ISABEL C		1.2 NAME	MORENO, Isabel C	
STREET ADDRESS	18915 NW 80TH CT		1,3 STREET ADDRESS	8004 N.W ISUE Street Suite 180	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CiTY-ST-ZIP	Hrami - FL 33016	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition │	
NAME	MORENO, CARLOS M		2.2 NAME	•	
STREET ADDRESS	18915 NW 80TH CT	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	*	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME	. ~	
STREET ADDRESS			3.3 STREET ADDRESS	. •	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	, *	•	4. 2 NAME		
STREET ADDRESS	*. *		4.3 STREET ADDRESS	·	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
OFF 67 7/0			5.4 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition