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

DOCUMENT #	P94000031497
4. Compositor Money	1 0 100001 101

FERDINANDO INTERNATIONAL ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address			1(25 (1)5) 11511 6(516 1511) 1661 (551
10211 GRAY EA		10211 GRAY EAGLE DRIVE			
orlando fl. 3	32821	ORLANDO FL 32821		DO NOT WRITE IN TH	HIS SPACE
US		U\$		3. Date Incorporated or Qualifed	IIO SI AGE
				04/26/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
a. Timopair		26	¥	59-3238684	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate 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	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent	94 Nome	10. Name and Address of New Register	ed Agent
WAS	SHBURN KENNETH B. FER	DINANDO BRU	rN 81 Name	FERDINANDO, BR	IAN
	MHL RUN CIRCLE			dress (P.O. Box Number is Not Acceptable)	25
	PKA-FL 32703	1 OF MY EHULE	83	11 GRAY EARLE DI	ave
/ 510	That Legator	DOWE	63		
-	OFLA	NOO	84 City	0 n n 100	85 Zip Code
	FL 、	32821	0	REANDO FOR POPULATION SUBMITS THIS STATEMENT FOR THE PURPOSE	
office or n	to the provisions of Sections 607.0502 in egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	iorized by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	B Herdmand		EROINANO	1/6 G9 OC	6/99
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature requi		
12.	. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERINANDO, BRIAN		1.2 NAME		
STREET ADDRESS	10211 GRAY EAGLE DRIVE		1.3 STREET ADDRESS		[
CITY-ST-ZIP	ORLANDO FL 32821	——————————————————————————————————————	1.4 C/TY-ST-ZIP		☐ Change ☐ Addition
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERDINANDO, VALERIE		2.2 NAME		
STREET ADDRESS	10211 GRAY EAGLE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32821	— — — — — — — — — — — — — — — — — — —	2.4 CITY+ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ Belete	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ cusude ☐ vagason
NAME			5.2 NAME		
STREET ADDRESS	, ·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Modition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

352 0246