Applied For Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000031896

1. Corporation Name

**AUTOPAK INTERNATIONAL CORPORATION** 

Principal Place of Business	Mailing Address				
P.O. BOX 562001 P.O. BOX 562001 MIAMI FL 33256-2001 MIAMI FL 33256-2001 US US		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 04/27/1994			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	65-0489385 Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additiona Fee Required			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip Country	Zip Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
<del>                                    </del>	f Current Registered Agent	10. Name and Address of New Registered Agent			

ARTHUR, ROBERT A 9061 SW 156 ST APT. A115 MIAMI FL 33157

82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

**FILED** 

**Secretary of State** 

04-30-1999 90056 039 \*\*\*150.00

Apr 30, 1999 8:00 am

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 fappliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

-g	0 0:5- 122505	T Due ca	LT A. ARTINE	4.21.99	) 1
SIGNATURE	Sidnature, typed or printed name of fogistered agent and title if applicable. (NOTE: Re		<u> </u>	ATE .	<u>'</u>
12.	OFFICERS AND DIRECTORS	gistered Agent signature required when reinstating)  OATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PM DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ARTHUR, ROBERT A	1.2 NAME			
STREET ADDRESS	9041 SW 156TH ST., APT B221	1.3 STREET ADDRESS			Í
CITY-ST-ZIP	MIAMI FL	1.4 CfTY-ST-ZiP		_	
TITLE	C DELETE	2.1 TITLE	CHARMAN	Change	☐ Addition
NAME.	LATCHMANNA, RAJOO	2.2 NAME	ROBERT A. ANTINA		
STREET ADDRESS	236 SYDNEY RD.	2.3 STREET ADDRESS	9001 SW 156 15T. 122	./	
CITY-ST-ZIP	DURAN NATAL SOUTH AFRICA NA -	2.4 CITY+ST-ZIP	ROBERT A. ANTINA POSE IN 156 HST. 122 Many FR. 83157	· ,	
TITLE	☐ DELETE	31 TITLE		☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS	<b>:</b>	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			ļ
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<del>.</del>	
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			ĺ
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME	,	6.2 NAME			ĺ
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6,4 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.

SIGNATURE:

AS) 255-971