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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033580 (9)

AUSTRALIA, INC.

Principal Place of Business

CORAL GABLES FL 33146

SIGNATURE:

330 GRECO AVE

SUITE 104

Mailing Address	

330 GRECO AVE SUITE 104

CORAL GABLES FL 33146

US

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 05/04/1994

2. Principal Place of Business			2a. Mailing	2a. Mailing Address					4. FEI Number Applied For		
21			26	26					65-0506162 Not Applicable		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22			27	27					5. Certificate of Status Desired Fee Required		
City & State	e	City &	City & State					6. Election Campaign Financing \$5.00 May Be			
23		28	28					Trust Fund Contribution Added to Fees			
Zip		Country	Zip	Zip Cou					8. This corporation owes or has paid the current year Intangible		
24	25 29 30			30	Personal Property Tax due June 30. 🔲 Yes 🔲 No						
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
ZERBONE, ALEX					81 Name						
330 GRECO AVE.					82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 104					Street Address (F.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33146					Ţ	83					
3010 2 37 2220 1 4 301 1 3					ŀ						
					ļ	84	City		EI 85 Zip Code		
11. Pursuant t	to the provis	ions of Sections 607,0502	and 607.1508	. Florida Statute	es, the ab	ove	-named	d corpo	oration submits this statement for the purpose of changing its registered		
office or re	egistered ag	ent, or both, in the State	of Florida. Suct	change was a	uthorized	by	the cor	poratio	on's board of directors. I hereby accept the appointment as registered		
	n ramiliar wi	ith, and accept the obliga	lions of, Sectio	n 607.0505, FIC	moa Statt	цес.	•				
SIGNATURE	Signature, bipart	or printed name of registered ager	nt and title if epolical	(NOTI	F: Registered	Ager	nt signatur	e recuired	d when reinstating) DATE		
12.	orginatore, typino	OFFICERS AND		. (1151)	13.	Agos	ii sigriulai	o required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	077102110711	<u> </u>	DELETE	1,1 717	LE.		T .	Change Addition		
NAME		NE ALEX			1.2 NA			1			
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NAME	3				3.2 NAME						
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NAME)					4. 2 NA	ME					
Street Address					4.3 STF	EET /	ADDRESS				
CITY - ST - ZIP					4.4 CIT	Y-ST	- ZIP				
TITLE				DELETE	5.1 TITE	E			☐ Change ☐ Addition		
NAME					5.2 NAM	VΕ					
STREET ADDRESS					5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP					5.4 CIT	Y-ST	- ZIP				
TITLE				DELETE	6.1 TITL	E	•		☐ Change ☐ Addition		
NAME					6,2 NAM	ΜE]			
STREET ADDRESS							ADDRESS				
CITY-ST-7IP		^			6.4 CIT	Y-ST	- 7IP				
14. I hereby c	ertily that th	e Information supplied wil	h thisfiling doe	es not qualify fo	r the exe	mpt	on stat	ed in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information		
14. Thereby certify that the Information supplied with this filling 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 cath; that I am an officer or director of the corporation or the redelver 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.											