

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

6/

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-07-2000 90008 030 ***150.00

DOCUMENT # P94000036966

1. Corporation Name

SANSON INTERNATIONAL, INC.

Principal Place of Business

128 STREET W #904
FL 34215

Mailing Address

4004 128 STREET W #904
CORTEZ FL 34215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

13-1922426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANSON, WILLEM M
4004 128 STREET W #904
CORTEZ FL 34215

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. SANSON

6-26-00

Date

Daytime Phone #