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

**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # **P94000053850** 

FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-23-1999 90159 045 \*\*\*150.00

RETAIL INTERNATIONAL, INC.	
	L LEBOLEBO (19 1814 ELDY) DENN BENN BENN BENN BENEN BY BE NABE (NAB) AND BENN BENN BENN BENN BENN BENN BENN BE

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Principal Place of Business Mailing Address								8111 B1611 96115 B1		A1140 11121 1310	#1111  <b>#4</b> 11   <b>#6</b> 11			
4675 S.W. 74TH ST. MIAMI FL 33143			4675 S.W. 74TH ST. MIAMI FL 33143					DO NOT WO	TE 11 THE	22405				
										DO NOT WRI		SPACE		7
									3. Date Incorporate 07/18/1994	ed or Qualifed				
2. Principal Pl	ace of Business	2a	2a. Mailing Address					4. FEI Number			A	oplied For	1	
21		26	•						65-0506458			<del></del> -	ot Applicable	1
Suite, Apt. i	#, etc.	1-4,	Suite, Apt. #	, etc.						han Danisand	r~1	\$8.75	Additional	1
22	27								5. Certifcate of Status Desired			Fee R	equired	
City & State	City & State City &			ty & State			6. Election Campaign Financing			\$5.00	\$5.00 May Be			
23	28								Trust Fund Cont	ribution		Added	to Fees	
Zip .	Country	ļ,	Zip Country					<ol><li>This corporation</li></ol>		rent year In				
24	25 29 30								Personal Proper	·		☐Yes	□No	4
	9. Name and Address of Currer	t Regis	stered Agent			81	Name		10. Name and Add	ress of New	Kegisterea	Agent		┥
FARE	R, VERONICA		81			"'	Name							
	S.W. 74TH ST.					82	Street	Addres	ss (P.O. Box Number	is Not Accept	able)			
	II FL 33143					83								-
***************************************						63				,				
						84	City				FL	85 Zip	Code	1
office or re	to the provisions of Sections 607.050 agistered agent, or both, in the State	of Flori	da. Such chan	ge was auti	horized	t by t	the corpo	corpor	ation submits this stars board of directors.	tement for the I hereby acce	purpose of pt the appoi	changing its	registered gistered	
agent. I ar	m familiar with, and accept the obliga	itions of	Section 607.	0505, Florid	ia Stat	utes.								1_
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable.	(NOTE: R	egisterec	Agen	t signature r	equired v	when reinstating)		DATE			_ ا
12.	OFFICERS AN			•	13.			•	ADDITIONS/CHA	NGES TO OF	FICERS AN	ND DIRECTO	ORS IN 12	] ĝ
TITLE	D			ELETE	E 1.1 TII			0				☐ Change	Addition	] [
NAME	POTAMKIN, ALAN H				1.2 N	AME		I -	ronica_F	arr				5
STREET ADDRESS	4675 S.W. 74TH ST.		1.3 ST		TREET	ADDRESS	46	75 SW 74t					Ì	
CITY-ST-ZIP	MIAMI FL 33143				1.4 CITY		T-ZIP	Mi	ami, FL	33143				_ 6
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NAME					2.2 N	AME								
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NAME					5.2 N		ADDOCTOC							
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CITY-ST-ZIP					0.7 (1	اب-،،،	- <b>4</b> 11			•				

14. 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 a state of the powered.

SIGNATURE:

Alan A. GPotamkine RE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 <del>1</del>⊅9

305-665-9600