FILED Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90044 018 ***150.00

	AITITOAL	IXEI OIVI	_		_	01-25-200-	1 20044 (/10	130.00
1. Entity Nam	MENT # P9400060 ERNATIONAL HOLDINGS (Lagran Carlo							
Principal Plac	e of Business	Mailing Address			,				
Principal Place of Business Mailing Address 1911 NW 40TH COURT 8617 N.W. 49TH DR.					1				
		8617 N.W. 49TH DR.							
FOWFAINO D	EACH, FL 33064 US	CORAL SPRINGS, FL 33067							
		·				III BIBII Be yn boyn ac in			EFF1 (1 1831)
2. Principal F	Place of Business	3. Mailing Address							
	1200 51 22011000	5. Walling Address				ISA USUSI BUJA UUJA WAAN	1140 EM III.		LEGI H ION)
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
		oute, Apr. 4, ou		01072004	Chg-P	CR2E034	1 (10/03)		
City & State		City & State		4. FEI Number			TAD	plied For	
Ony a orace		City & State			65-0512	120			t Applicable
Zip	Country	Zip Country			00-0012				
Zip Country		Zip Coun			5. Certificate of	Status Desired		8.75 Add se Required	
·	C Name and Address of Comment	Danistana d Assault	 -	•	7 Name and A	dalara a ad Maria Di			<u></u>
 	6. Name and Address of Current	negistered Agent		Name	r. Name and A	ddress of New Ro	egistered Ag	re (II	
Kerrer	ISKIT, ANDREW CPA KR		i Name						
	NACHUZKI		Street Address (P.O. Box Number	is Not Acceptable)			
	AKLAND PARK BLVD. . FL 33351		- Silest redicted (176. Box redines in the redesptace)						
JO. 11 110L.	, , 2 00001					,		· <u> </u>	,]
			<u> </u>	0				T =	
				City			• FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	registered	office or register	ed agent or hoth.	in the State of Flo	rida. Lam ta	miliar with.	and accept
	tions of registered agent.	Parkago or original in	· Lg.utu. u u		ugo, a. 20,				
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SIGNATURE.		 							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Aç	gent signature required	when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai			.00 May Be				i
After M	ay 1, 2004 Fee will be \$550.	no Trust Fund Conti	ribution.	□ Add	ed to Fees				į
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	HANGES TO OFF	CEDS AND I	MECTOR	C 1N 11
	ST OFFICERS AND				ADDITIONS/C	HANGES TO OFFI			
TITLE		☐ Delete	TITLE	-				Change	Addition
NAME _	MALKA, EDWARD		NAME						
STREET ADDRESS	5002 NW 57T H WAY			ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST	- ZIP					
TITLE	P	☐ Defete	TITLE				İ	Change	☐ Addition
NAME	MALKA, ALBERT S		NAME						İ
STREET ADDRESS	8617 NW 49TH DRIVE	t etc. Janear color	STREET	AODRESS.		ماغوست ين بد			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	-	CITY-ST	-ZIP	-		_		• • •
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NAME		CT Delete	NAME	1				L.J Olizings	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST					•	
				- 211					
TITLE	1	Delete	TITLE					☐ Change	☐ Addition
NAME	1		NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	<u> </u>		CATY-ST	- ZIP					
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CITY-ST-ZIP			CITY-ST	I					
}- 	 	C 6.1		·				Change	☐ Addition
TITLE		☐ Delete	TITLE	l				□ cuanh	☐ Addition
NAME CTRCCT ADDRESS			NAME	4000000					
STREET ADDRESS				ADDRESS					1
CITY-ST-ZIP			CITY-ST						
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemp	otion stated in Se	ection 119.07(3)(i).	Florida Statutes.	further certif	y that the in	nformation
indicated	certify that the information supplied with d on this report or supplemental report is progration or the econier or trustee emp d, or on an attachment with an address,	s true and accurate and that r	my signatur	e shall have the	same legal effect 7. Florida Statutes	as if made under o	oath; that I ar	n an officer Block 10 o	or director r Block 11 if
changed	d, or on an attachment with an address,	with all other like empowered		0114401001					
İ	(/ 44-7					120/24	01		
J						14. ' '	6.40 /	(// /	