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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065076 (9)

PLR INTERNATIONAL, INC.

Principal Place		Mailing Address 5045 LAKEVIEW DRIVE					
MIAMI BEACH		MIAMI BEACH FL 33140-263	18				
					3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last R 03/19/1996	leport
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0527540	FEI Number Applied For 65-0527540 Not Applicable		
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27	City & State			Fee Re	equired
City & State	(,)	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country Zip Coi 25 29 30		Country	,	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
[24]	g. Name and Address of Curn		30[10. Name and Address of New Reg		
TEN	ENBAUM, ROSA		81	Name			
	S LAKEVIEW DRIVE MI BEACH FL 33140		82 Street Ad		ess (P.O. Box Number is Not Acceptable	le)	
MIN	MI DEAUTI FE 33140	•	83				
			84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s, the above	e-named corp	oration submits this statement for the po	urpose of changing it	ts registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was at	uthorized by	the corporati	ion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE		gainers ar, a section as recording		**			
	Signature Typed or printed harne of registered a			ant signature requir	ed when reinstating)	DATE	
12.			13.	···	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	RS IN 12 Addition
TITLE NAME	TENENBAUM, ROSA	ן_ן סנננונ	1.2 NAME			Change	- Addition
STREET ADDRESS	5045 LAKEVIEW DRIVE		1.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33140		1.4 CITY - S				
Title			2.1 TITLE			. Change	Addition
NAME			2.2 NAME				į
STREET ACORESS			23 STREET	ADDRESS			
CITY-ST-7:P			2 4 CITY-	ST-ZIP			
TITLE	DELETE		31 TITLE			Change	Addition
NAME			32 NAME			dP_{α}	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-SI-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
CITY - S1 - 2IP			4.4 CITY - S	ST-ZIP			
TOTLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	i			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CITY-5	ST-ZIP		4	
TITLE		DELETE	61 TITLE	···· †: ··		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

CITY - ST - ZIP

6.4 CITY-ST-ZIP

14. I do 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.

FILED

Feb 26 1997 8:00am

Secretary of State