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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065076 (9)

rincipal Place of Business	Mailing Address
15 LAKEVIEW DRIVE	5045 LAKEVIEW DRIVE
AIAMI BEACH FL 33140	MIAMI BEACH FL 33140

FILED Feb 16 1998 8:00am Secretary of State

PLR IN	TERNATIONAL, INC.	, , , , , , , , , , , , , , , , , , ,				
Principal Plac	e of Business	Mailing Address			ייום ווישש אנונים וואנים וווימו שנו ואשנים וווימו וייים	BRITA BITAT BISIT BRILL LABIN ALTE 1884
5045 LAKEVIEW DRIVE 5045 LAKEVIEW DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE		
l					3. Date Incorporated or Qualified	
•					09/06/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	X Applied For
21		26			65-0527540	Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
hanna hanna		City & State			6. Election Campaign Financing	\$5.00 May Be
[28]			1	·····	Trust Fund Contribution	Added to Fees
Zıp	Country	Z)p	Country	′	8. This corporation owes or has paid	
24	25	[29]	30		Personal Property Tax due June 3	
	9, Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Reg	stelen Maur
	NENBAUM, ROSA			Harrie		
	15 LAKEVIEW DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptable	a)
MIA	IMI BEACH FL 33140		63			
			"			
			84	City		FL 85 Zip Code
11, Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 05 ogistored agent, or both, in the Statim familiar with, and accept the obli-				poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12,		ND DIRECTORS	13.	ani signalura requi	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSD	DELETE	1.1 TITLE		ADDITIONO/OTANOEO TO OTTICE	Change Addition
NAME	TENENBAUM, ROSA	1.2 NAME				
STREET ADDRESS	5045 LAKEVIEW DRIVE		1.3 STREET	ADORESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY-S			
TITLE		DELETÉ Z				Change Addition
NAME			2.2 NAME			_
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-5	ST - ZIP		- Project
TITLE		DELFTE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		;
CITY - ST - ZIP			3.4. CITY- S	61 - ZIP		
TITLE	7 10	DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6 1 TITLE	Ī		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		i
f			■	ı		

14. Thereby 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

(805) 865-1159