Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90029 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065743

IN SELI	- DEFENSE INTERNATION	AL CONF.									
Principal Pla	ce of Business	Mailing Address				-	******	101 311111		28 1111 1 24 1	
11790 18 ST	APT 120	11790 18 ST APT 120									
#120 #120						DO NOT WRITE IN	THIS S	PACE			
MIAMI FL 33175 US		MIAMI FL 33175 US			3. Date Incorporated or Qualifed						
						09/07/1994					
2 Principal	Place of Business	2a. Mailing Address				4. FEI Number			Appli	ed For	
21 26						65-0518427		Not Applicable			
		Suite, Apt. #, etc.						\$8.75 Additional			
22		27				5. Certificate of Status Desired		Fee	Requ	ired	
City & State City & State						6. Election Campaign Financing			00 м		
23 28						Trust Fund Contribution	st Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current ye			_	161-	
24	25		30			Personal Property Tax.		☐ Yes	L	No	
	9. Name and Address of Curr	ent Registered Agent		81	Nama	10. Name and Address of New Regist	ereu A	geni			
^ 4	DMEMATE DAID				Name						
	rmenate, raul 790 18 St APT 120		82 Street Add			ss (P.O. Box Number is Not Acceptable)					
1 17 #1:				83							
				83							
MIAMI FL 33175				84	City	FL			Zip Co	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statute								ــلـــــــــــــــــــــــــــــــــــ		-fatava d	
12.	Signature, typed or printed name of registered in OFFICERS	AND DIRECTORS	13.	1 F		ADDITIONS/CHANGES TO OFFICER	S AND	DIRE Cha		S IN 12 Addition	
NAME	CARMENATE, RAUL		1,2 NA								
STREET ADDRES	44700 40 OT 48T 400				ODDECC						
	MIAMI FL 33175		■ 13 S B	REET A							
TITLE	WILMWITE 33173		- 6	REET A							
NAME		☐ DELETE	- 6	Y-ST-2		· · · · · · · · · · · · · · · · · · ·		☐ Cha	nge	Addition	
STREET ADDRES		☐ DELETE	1.4 CIT	Y-ST-2				☐ Cha	nge	Addition	
CITY-ST-ZIP	35	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-Z LE ME			-	☐ Cha	nge	Addition	
TITLE	ss	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-Z LE ME	DORESS		-	☐ Cha	nge		
	ss	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-Z LE ME REET AI TY-ST-	DORESS	<i>*</i>		☐ Cha			
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: