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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000070873

Princip	oal Place of Business	
838 NE	206TH ST	

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90008 049 \*\*\*150.00

MINA K. MA								
Principal Place of I	Business	Mailing Addre	ess				INTERNATURA	
838 NE 206TH ST N MIAMI BEACH FL US		838 NE 206TH N MIAMI BEAC US	I ST .			DO NOT WRITE IN T	HIS SPACE	<del></del>
						09/23/1994		
2. Principal Place	of Business	2a. Mailing Ad	ddress			4. FEI Number	A	pplied For
21		26				65-0523588	N	ot Applicable
Suite, Apt. #, et	etc.	Suite, Apt	t. #, etc.	- <del>-</del>		5. Certificate of Status Desired		Additional equired
City & State		City & Sta	ate		_	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year	r Intangible	
24	25	29	30	<u> </u>		Personal Property Tax.	Ø Yes	□No
	). Name and Address of Current	Registered Age	nt		- ·· <del>·</del>	10. Name and Address of New Registe	red Agent	
MANDE				81	Name			
MANDEL				82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	206TH ST							
N MIAMI	I BEACH FL 33179			83				
				84	City		85 Zip	Code
					,		FL  `	
					L	1 1 1 1 1 1 - 4-4 4 5 - 4 h		
office or regist	ne provisions of Sections 607.0502 stered agent, or both, in the State of amiliar with, and accept the obligation	Flonda. Such ch	nange was auth	lonzed by	the corporati	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its ppointment as re	s registered egistered
office or regist agent. I am fa SIGNATURE	stered agent, or both, in the State of amiliar with, and accept the obligation	Flonda. Such ch ons of, Section 60	nange was auth 07.0505, Florida	onzed by a Statutes	the corporati	ion's board or directors. Thereby accept the a	ppointment as n	s registered egistered
office or regist agent. I am fa SIGNATURE	stered agent, or both, in the State of amiliar with, and accept the obligation sature, typed or printed name of registered agent a	Flonda. Such chons of, Section 60 and title if applicable.	nange was auth 07.0505, Florida	a Statutes	the corporati	ed when reinstating)	E	egistered
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office or regist agent. I am fa SIGNATURE  12.	stered agent, or both, in the State of amiliar with, and accept the obligation issure, typed or printed name of registered agent a OFFICERS AND	Plonda. Such chons of, Section 60 and title if applicable. DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	a Statutes.	the corporati	ed when reinstating)	E S AND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filling 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 treatee 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.

SIGNATURE:

305-653-0751