Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90111 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400090570

1. 00.po.a.o.	1141110								
R&RIN	ITERNATIONAL GROUP, INC	<b>).</b>							
Principal Place	e of Business	Mailing Address				- - [	HIR COURT ISSUE	<b>idia</b> i <b>d</b> alak ki	1641 <b>66</b> 11 4661
% ALESSANDRO ZERBONE						DO NOT WRITE	IN THIS SP.	ACE	
mann 12 20.01						3. Date Incorporated or Qualifed 12/14/1994			
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0544065	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	tus Desired   \$8.75 Additional Fee Required		
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip	Cour	ntry		This corporation owes the current     Personal Property Tax.		ible Yes	□No
	9. Name and Address of Current				-	10. Name and Address of New Reg	istered Age	ent	
	g. Hame and Address or Current	Trogistored Agent	1	81 Na	me				
ZERBONE, ALESSANDRO 1800 N.E. 114TH ST.				82 Str	eet Addre	ress (P.O. Box Number is Not Acceptable)			
#2310			}	83					
MIAMI FL 33181				00					
				84 City			FL	SS Zip C	
	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat				ned corpo corporation	ration submits this statement for the pur n's board of directors. I hereby accept the	rpose of cha ne appointm	ent as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent				ture required		DATE		
12.			13.	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 111	LE			L	] Change	☐ Addition
NAME			1.2 NA	1.2 NAME					Ì
STREET ADDRESS	1800 N.E. 114TH ST., #2310	1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33181		1.4 CIT	1.4 CITY-ST-ZiP					
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CITY-ST-ZIP		,		5.4 CITY-ST-ZIP		<u> </u>			
TITLE		☐ DELETE	6.1 TIT	LE				] Change	☐ Addition
NAME			6.2 NA	ME					
	^^		63 ST	REET ADDE	ESS				ļ

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 suppliemental 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 of the receiver of 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 diven a statement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

305)46132eap