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 CORFORATIONS

DOCUMENT # P9500005096 (9)

AMERICAN RECRUITERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State

Throughout 1200 or 200 moon	Trialing / Cita Coo			}			
3900 NW 79TH AVE BUITE 210 MIAMI FL 33166	3900 NW 79TH AVE Suite 210 Miami Fl 33186-6546						
				3. Date Incorporated or Qualified 01/20/1995	3a. Date of 1 04/23/19		
Principal Place of Business 1 900 NW 27 Avc	26. Mailing Address 26. S190 V.W.	9	Ave	4. FEI Number 65-0550320		Applied For Not Applicable	
Sulte, Apt. #, # 401	Suite Apt #, etc.			5. Certificate of Status Desired	11 1	.75 Additional ee Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 33/66 25 US A		intry	USA	This corporation has liability for in Florida Statutes	ntangible tax ur Yes 🔲 No	nder s. 199.032,	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
POZZUOLI, EDWARD J		B1	Name				
790 E BROWARD BLVD SUITE 200		82	Street Addres	treet Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33301		83					
		84	City		FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	e-named corpo	ration submits this statement for the pr	urpose of chan	ging its registered	

onice or registered agent, or both, in the State of Florida, Such change was authorized by agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutos SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Bog sterod Ageral signature required when reliestating) 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE 1E Change Addition TITLE 1.1 TITLE PENICHET, DARCY NAME 1.2 NAME 3900 NW 79TH AVE SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** DITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 \$ STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - 7IP DELETE Change Addition TITLE 54 DHE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 THEF ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath; that Lam 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 attachment with an address

SIGNATURE:

CITY-ST-ZIP