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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 03-16-1999 90068 031 ***150.00

1. Corporation	MENT # P95000 NTERNATIONAL, INC.	0007705					
Principal Place of Business Mailing Address						18411 18813 18831 I	1818 I BIH 1881
5619 NORMAN H. CUSTON DRIVE 5619 NORMAN H. CUSTON DI ORLANDO FL 32821 ORLANDO FL 32821					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	OI /IOL	$\overline{}$
					01/25/1995		
2. Principal Place of Business 2a. Mailing Address			-	4. FEI Number Applied		olied For	
21 26					59-3293894	Not	Applicable
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
27					3. Certificate of Status Section	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip C			'	8. This corporation owes the current year Int		_
24	25	29 3	o		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
BAO	CHAN, WEIZHE						
5619 NORMAN H. CUSTON DRIVE ORLANDO FL 32821			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
						ne 7;- 6	
				84 City FL 85 Zip Code			ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliging the state of the	of Florida. Such change was authorisons of, Section 607.0505, Florid	norized by a Statutes	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its ntment as rec	registered gistered
	Signature, typed or printed name of registered age			t signature rec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DS IN 12
12. TITLE			13.	-	ADDITIONS/CHANGES TO OFFICERS AT	Change	Addition
NAME	_		1.2 NAME	-			_
STREET ADDRESS				TADDRESS			}
CITY-ST-ZIP	A-1 11 10 A TI A-1 1		1.4 CITY-S				
TITLE	——————————————————————————————————————		2.1 TITLE			☐ Change	Addition
NAME	221		2.2 NAME	ì			
STREET ADDRESS	2		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE 3.		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE	_ office		4.1 TITLE 4.2 NAME				
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS				
	i		4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ADDRESS			
CITY-ST-ZIP	54.0		5.4 CITY- S	T-ZIP			
TITLE	☐ DELETE 6.1°		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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.

SIGNATURE: