PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90042 045 ***150.00

DOCUMENT # P9500001074

1. Corporation Name

OF IT ELEM	e ventures internatio	ONAL, INC.				
Principal Place	of Rueinage	Mailing Address			-	i nailit faint kinit aaliti läsit ninni kist insi
13800 SW 8TH		13800 SW 8TH STREET				
BOX #350	SINEEL	BOX 350				
MIAMI FL 33184		MIAMI FL 33184			DO NOT WRITE	E IN THIS SPACE
US		US			3. Date Incorporated or Qualifed	
					02/08/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0558390	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			, J	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	У	8. This corporation owes the curre	
24		29	30		Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
A1.04	740 DAIN		81	1 Name		
	AZAR, PAUL		82	2 Street Addre	ess (P.O. Box Number is Not Acceptal	ble)
	N.W. 136TH AVENUE		ļ			
MIAN	11 FL 33182		83	3		
			84	4 City		85 Zip Code
			1	1 7		FL L P SSSS
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statut	es, the above	ve-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	purpose of changing its registered the appointment as registered
office or r	egistered agent, or both, in the state m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statute	is.	MIS BOARD OF BRECKETS. I HOFODY GOODS.	t the appearance as regions as
SIGNATURE			Paul	Aleaza		3-2-99
SIGNATORE	Signature, typed or printed the of registered ag-		Registered Age	ent signature required		DATE
12.		ND DIRECTORS	_13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1.1 TITLE			
NAME	ALCAZAR, PAUL		1.2 NAME			
STREET ADDRESS	220 N.W. 136TH AVENUE)		_ Change hadia.
CITY-ST-ZIP				ET ADDRESS		_ Criango
	MIAMI FL 33182		1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP		
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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 plan attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR CHINTED NAME OF CICALING OFFICER OR DIRECTOR

3/2/99 305-552-Oate Phone # CR2E034 (11/98