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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOM

Corporation	ERNATIONAL SERVICES, IN						
Principal Place of Business		Mailing Address				10) U U U U	1901 0191 (881
200 S BISCAYNE BLVD STE 4800 MIAMI FL 33131		C/O PENINSULA REGISTERED AGENTS. INC. 200 S. BISCAYNE BLVD #4874 MIAMI FL 33131		DO NOT WRITE IN TH	IIS SPACE -		
		US			 Date Incorporated or Qualified 02/22/1995 		
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	Apr	plied For
21	26				65-0571904		t Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	* \$8.75 A Fee Red	
City & State 28		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	• 1
Zip 24	Zip Country		Zip Country		This corporation owes the current year Personal Property Tax.		No
24	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
				Name			İ
PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD., STE 4800 MIAMI FL 33131			82	Street A	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	·	. 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				1		L S Zip C	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such change was autitions of, Section 607.0505, Florid	norized by da Statutes	the corpo	required when reinstating) DATE	pomenent do rog	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FAGUNDEZ, HUMBERTO		1.2 NAME				
STREET ADDRESS	ETADDRESS 200 S BISCAYNE BLVD., STE 4800		1.3 STREET ADDRESS				,
C/TY-ST-ZIP	MIAMI FL 33131		1,4 CITY-ST-ZIP				☐ Addition
TITLE	DV DELETE		2.1 TITLE		· · · · · · · · · · · · · · · · · ·	Change	LI Addition [
NAME	MARCANO, LUIS		2.2 NAME				
STREET ADDRESS	1		2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY+ST-ZIP 3.1 TITLE			y ∑ Change	☐ Addition
TITLE .	U ~					A	_
NAME	BULTON; ROGER		3.3 STREET ADDRESS		BOULTON, ROGER 200 S BISCAYNE BLVD., STE	1900	
STREET ADDRESS			3.4. CITY-ST-ZIP		1	4000	
CITY-ST-ZIP TITLE	MIAMI FL 33131 DTS				MIAMI FL 33131	☐ Change	Addition
NAME	ALMOGUERA, LUIS E		4. 2 NAME		DTS DOLLINON TIMAS		<i>,</i> ,,,
STREET ADDRESS			4.3 STREET ADDRESS		BOULTON, LUKAS	TITE 4000	ł
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		200 S. BISCAYNE BLVD., SU		
TITLE	DELETE		5.1 TITLE		MIAMI FL 33131	Change	☐ Addition
NAME			52 NAME				}
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		<u></u>	5.4 CITY- S	T-ZIP			["] Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ľ
STREET ADDRESS			6.3 STREE	TADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information symphed win 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 samplemental 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 certific 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 in an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

Feb.09-99