

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

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**Mar 04 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000025235 (9)**

1. Corporation Name  
**CCS INTERNATIONAL, INC.**



Principal Place of Business

**4960 S.W. 72 AVENUE  
MIAMI FL 33155**

Mailing Address

**4960 S.W. 72 AVENUE  
MIAMI FL 33155-5544**

3. Date Incorporated or Qualified  
**03/29/1995**

3a. Date of Last Report  
**05/31/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **6262 Sunset Drive**

Suite, Apt. #, etc.

27 **PH 1**

City & State

28 **Miami, FL**

Zip

29 **33143**

Country

30 **U.S.A.**

4. FEI Number

**65-0575605**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

**Consolidated  
7/59-222 9204**

9. Name and Address of Current Registered Agent

**MARBERT, JEANETTE E ESQ.  
6262 SUNSET DRIVE  
PH 1  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NASH, CRAIG M	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	RISHELL, PAUL W	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	KUPPER, RANDY	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	DEV	<input type="checkbox"/> DELETE
NAME	SHELTON, E. KIRK	
STREET ADDRESS	707 SUMNER STREET	
CITY - ST - ZIP	STAMFORD CT 06901	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KREVAT, STEVE	
STREET ADDRESS	6262 SUNSET DRIVE	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARBERT, JEANETTE	
STREET ADDRESS	6262 SUNSET DRIVE	
CITY - ST - ZIP	MIAMI FL 33143	

(See attachment)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>707 Summer Street</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>6262 Sunset Drive, PH 1</b>
5.4 CITY - ST - ZIP	<b>33143</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Marbert, Jeanette E.</b>
6.3 STREET ADDRESS	<b>6262 Sunset Drive, PH 1</b>
6.4 CITY - ST - ZIP	

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 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

SIGNATURE:

*Jeanette E. Marbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 25, 1997 (305) 666-1861

Date Daytime Phone #

CR2E034 (9/96)

**CORPORATION ANNUAL REPORT**

**1997**

**CCS INTERNATIONAL, INC.**

**Document #P95000025235 (9)**

**Officers & Directors**

AS  
West, Jennifer A.  
6262 Sunset Drive, PH 1  
Miami, FL 33143

AS  
Lipton, Amy N.  
707 Summer Street  
Stamford, CT 06901

AT  
Mehta, Jitu  
Coombe Hill House  
Beverley Way  
London SW20 0AR, U.K.