

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90070 006 ***150.00

DOCUMENT # P95000032746

1. Corporation Name
INTERNATIONAL REX, INC.

Principal Place of Business
2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

Mailing Address
2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1995

4. FEI Number
59-3557774

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3160 NE 165 street
Suite, Apt. #, etc.

23 City & State

27 City & State

28 NORTH MIAMI BEACH

24 Zip

25 Country

29 Zip

30 Country

33160

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANELLA, ROSS
2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME GILLET, JOEL
STREET ADDRESS 66 RUE DES TOURVETTES
CITY-ST-ZIP 74160 BOSSEX FRANCE

TITLE VP ☒ DELETE

NAME JAUBERT, MONICA
STREET ADDRESS 66 RUE DES TOURVETTES
CITY-ST-ZIP 74160 BOSSEX FRANCE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PSTD
JOEL GILLET
1.3 STREET ADDRESS 3160 NE 165 street
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VP
JAUBERT, MONICA
2.3 STREET ADDRESS 3160 NE 165 street
2.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

CR2E034 (11/98)