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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040504 (9)

·	INTERNATIONAL ENTERP	RISES, INC. Mailing Address			
•		_			
1005 MCARTHUR AVENUE 1318 LAFAYETTE ST. LEHIGH FL 33970 CAPE CORAL FL 33904 US					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
a Deinsimal f	Place of Business	La Magica Address		05/22/1995 4. FEI Number	
 ;	Place of Business	2a. Mailing Address			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0635968	\$8.75 Additional
22		27)		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 p. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	
		ant modistered Agent	81 Name	10. Havin and Addises of their register.	ou Agoin
	LL, THOMAS W				
1318 LAFAYETTE ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
UA	APE CORAL FL 33904		83		
			84 City		85 Zip Code
11 Purguant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	es the above-named core	poration submits this statement for the purposition's board of directors. I hereby accept the a	
agent. I a	Signature, typed or printed name of registered	agent and title if applicable. (NOT)	orida Statutes. Registered Agent signature requi		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MOHS, KARL-HEINZ		1.2 NAME		
STREET ADDRESS	HECHENBACHSTR 1A D-76	530	1.3 STREET ADDRESS		
CITY-ST-ZIP	BADEN-BADEN GERMANY	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	D DISTURBACIO		2.1 TITLE		Circulate Circulton
NAME STREET ADDRESS	HILL, THOMAS W 1318 LAFAYETTE ST		2.2 NAME 2.3 STREET ADDRESS		
	CAPE CORAL FL				
CITY-ST-ZIP TITLE	CAPE CUIVAL FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		الما الماداد	3.1 HILE 3.2 NAME		
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY-ST-ZIP	 		3.4. CITY-ST-ZIP		1
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	<u> </u>		4. 2 NAME		. — • — · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS		
Crty-ST-ZIP	ł		4.4 CITY-ST-ZIP		
Title		DELETE	5.1 TITLE		Change Addition
NAME	1	-	5.2 NAME		
STREET ADDRESS	}		5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	}		6.2 NAME		•

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 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

I Helf 1 (19home W. H.

4-8-98

(941) 549-2444

FILED

Apr 15 1998 8:00am

Secretary of State