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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058497

1. Corporation Name

rnational Pembroke P	PINES, INC.					
f Purinces	Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \	BODO BOSS ÍDOS BODO	
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ENUE				•		
				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		
				07/27/1995	: .	
e of Business	2a. Mailing Address		· · ·	4, FEI Number	App	plied For
 	26			65-0603530	Not	t Applicable
etc.	Suite, Apt. #, etc.			_	\$8.75 A	dditional
	27			5. Certificate of Status Desired	· Fee Re	quired .
	City & State		-	6 Election Campaign Financing	\$5.00	May Be
	28			Trust Fund Contribution	Added to	
Country		Coun	try	8 This corporation owes the current year	r Intangible	
	29	30				□No
	11	1		10. Name and Address of New Registe	red Agent	
			81 Name			
MURAI, WALD, BIONDO & MORENO, P.A.		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
		-	92		****	40.54
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FL 30131		-	B4 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	Code
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the provisions of Sections 607.0502 istered agent, or both, in the State of familiar with, and accept the obligati	2 and 607,1508, Florida Statut of Florida. Such change was a tions of, Section 607,0505, Flo	es, the ab uthorized rida Statu	ove-named co by the corpora tes.	orporation submits this statement for the purposetion's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered gistered
familiar with, and accept the obligati	tions of, Section 607.0505, Fig	noa Statui	les.	·		registered pistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90020 025 ***150.00