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PROFIT CORPORATION ANNUAL REPORT



FLOR DA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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P95000059691 (2)

DOCUMENT # P9500

S.L. INTERNATIONAL, INC.

Principal Place of Business Mailing Address

741 N.W. 39TH AVE.

FT. LAUDERDALE FL 33311

FT. LAUDERDALE FL 33311



TINOPAL FIACE	c or positioss		Mailing Address				
	39TH AVE. DERDALE FL 333	1 <b>1</b>	741 N.W. 391 FT. LAUDERD	TH AVE. DALE FL 33311			
						3. Date Incorporated or Qualified 3a 08/02/1995	. Date of Last Report
2. Principal Pl	lace of Business		2a. Mailing Addres			4. FEI Number	Applied Fo
			26		,	65-0599135	Not Applica
Suite, Apt.	#, etc.		Suite, Apt. #, e	etc.			\$8.75 Additiona
L			27			5. Certificate of Status Desired	Fee Required
City & State	e		City & State			6. Election Campaign Financing	\$5.00 May Be
			28	·	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip L	<u> </u>	Country	Zip	Coul	ntry	8. This corporation has liability for intang	
	O Name at	d Address of Curren	29	30		Florida Statutes Yes	
	9, Name an	u Address of Curren	it negistered Agent		81 Name	10. Name and Address of New Regist	lered Agent
LENN	OX, SAMUEL				o i Name		
	I.W. 39TH AV	<b>e</b>			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	AUDERDALE I				83		
r v. D.	NUUT:NUMLE I	L 33311			63		
					84 City		FL 85 Zip Code
	Al	he obligations of Conti	ion 607.0505, Florida St	estutos	o.po.ao., o 555	ird of directors. I hereby accept the appointment	onicas registered agent. Far
tamiliar wii GNATURE					<del></del>		
tarriirar wii GNATURE _		rinted name of registered agent	and title if applicable	(NOTE: Registered.	Agent signature require	·	DATE CONTROL OF THE ACC
Taminar Wil	Signature, typed or p		and title if applicable D DIRECTORS	(NOTE: Rugistered		od when reinstating:  ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
GNATURE _ 	Signature, typed or p	officer name of registered agent of the open of the op	and title if applicable D DIRECTORS D DELET	(NOTE: Registered.  13. E. 1.1 T/	TLE	·	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Senature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96954791957

CR2E034 (12/9