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**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000059768 (8)

**FILED** Jan 22 1998 8:00am Secretary of State

	NIERNATIONAL CORP.							
Principal Plac	ce of Business	Mailing Address				-		
2809 BIRD R		•						
SUITE 145	io	2809 BIRD RD Suite 145						
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		
2 Principal F	Place of Business	2a. Mailing Address				08/01/1995 4. FEI Number		A
21	lace of Busiless	26. Mailing Address				65-0599741	-	Applied For Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22	,	27				5. Certificate of Status Desired	T	Required
City & Star	te	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28	_,		y,	Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	<del> </del>	ıntry		8. This corporation owes or has paid the co		
24	9, Name and Address of Curre	29	30	T		Personal Property Tax due June 30.  10. Name and Address of New Registered	∐ Yes	<b>≯</b> 500
	····	ant negistered Agent		81	Name	10. Name and Address of New Registered	Agent	
	ARRILLO, HERNANDO				INELLIE			
<b>?</b>	09 BIRD AVE #145			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
Mil/	AMI FL 33133		ĺ	83				
				$\Box$				
			1	84	City	FI	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the at	bove-r	named corpo		of changing	g its registered
office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida, Such change was gations of, Section 607,0505, F	authorized Iorida Stat	d by ti utes.	he corporatio	oration submits this statement for the purpose on is board of directors. I hereby accept the ap	pointment	as registered
SIGNATURE		<b>3</b>						
SIGNATURE	Signature, typed or printed name of registered as							
		·	TE, Registered	d Agent	signature required	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	OFFICERS AI	·	13.	TLE	signature required		D DIRECT	
TITLE NAME	OFFICERS AND D CARRILLO, CARMEN	ND DIRECTORS	13. 1.1 TIT 1.2 NA	TLE AME				
TITLE NAME STREET AODRESS	OFFICERS AND DESCRIPTION OF THE CONTROL OF THE CONT	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	TLE AME REET AC	DORESS			
TITLE NAME STREET AODRESS CITY-ST-ZIP	OFFICERS AND D CARRILLO, CARMEN 2809 BIRD RD SUITE 145 COCONUT GROVE FL 3313:	ND DIRECTORS  DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	TLE AME REET AC TY-ST-	DORESS		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D CARRILLO, CARMEN 2809 BIRD RD SUITE 145 COCONUT GROVE FL 33133	ND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH	TLE AME REET AC TY-ST-	DORESS			e Addition
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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 will an address.