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

0050457

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90169 044 ***150.00

DOCUMENT # **P95000060339**

1. Corporation Name
ASTRAS INTERNATIONAL TRADING COMPANY

Principal Place of Business	Mailing Address
~~1941 SABRA DRIVE~~ ~~TALLAHASSEE FL 32303~~	~~1941 SABRA DRIVE~~ ~~TALLAHASSEE FL 32303~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/04/1995

2. Principal Place of Business
21: 11030 N.W. 5th Street
Suite, Apt. #, etc. 22:
City & State 23: BOCA RATON FL.
Zip 24: 33486 Country 25: U.S

2a. Mailing Address
26:
Suite, Apt. #, etc. 27: SAME
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3353713 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

ASTRAS, DAVID
1941 SABRA DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: None
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ASTRAS, DAVE J.		1.2 NAME		
STREET ADDRESS	1941 SABRA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ASTRAS, RANDY		2.2 NAME		
STREET ADDRESS	1941 SABRA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILEY, SHANNON		3.2 NAME		
STREET ADDRESS	1030 NW 5TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: DAVID JAMES ASTRAS 4/26/99 561-395-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)