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

Mailing Address

1108 CEDAR FALLS DRIVE

ET LAUDEDDALE EL 2022

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500060600

1. Corporation Name

Principal Place of Business

1108 CEDAR FALLS DRIVE

FT LAUDERDALE EL 22227

CITY-ST-ZIP

STREET ADDRESS

TREET ADDRESS TTY-ST-ZIP

CITY-ST-ZIP

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TILE

IAME TREET ADDRESS

ITY-ST-ZIP

4-C INTERNATIONAL, INC.

TI. CHODENDA	ALL 1 L 30027	FT. DAUDENDALE FE 33327					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							08/07/1995		
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
26						65-0600200 Not Applicable			
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Sta	te	City & 28	State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip 29		Coun	try		8. This corporation owes the current year Intangible Personal Property Tax.		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
MOI	DALES CADLOS E			[+	B1	Name	9		
MORALES, CARLOS E 1830 PONCE DE LEON BLVD. CORAL GABLES FL 33134				h	B2	Street Add	dress (P.O. Box Number is Not Acceptable)		
				L					
				1	83		·		
					84	City	85 Zip Code		
							FL '		
onice or	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	if Florida. Such	change was au	uthorized l	oν t	-named cor he corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. Thereby accept the appointment as registered		
SIGNATURE				`			•		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.			Registered A	stered Agent signature required wher		red when reinstating) DATE		
12 .	OFFICERS AND DIRECTORS			13.					
TITLE	PTD		☐ DELETE	1.1 TITLE		i	☐ Change ☐ Addition		
VAME	CARROSSO, MIQUEL A.			1.2 NAME					
STREET ADDRESS	1108 CEDAR FALLS DRIVE			1.3 STREE		ADDRESS			
DITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-S		ZIP			
TITLE	SVD		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	CARROSSO, MIQUEL A.		2.2 NAM	E					
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS		·			
CITY-ST-ZIP			2. 4 CiTY	CITY-ST-ZIP					
TITLE			DELETE	3.1 TITLE	=		☐ Change ☐ Addition		
NAME				3.2 NAM	Ε		·		
STREET ADDRESS				3.3 STRE	ET A	NODRESS			

4. 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.1 TITLE

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

DELETE

□ DELETE

DELETE

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90085 004 ***158.75