**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90169 037 \*\*\*150.00

1. Corporation	MENT # P95000 INTL, INC	0060724						
Principal Place	e of Rusiness	Mailing Address				la diiil aalii laa	O CERTI OF BL FOR	
930 WASHINGT		P.O. BOX 190299						
SUITE 206	ON AVE	MIAMI BEACH FL 33119			·			
MIAMI BEACH FL 33139 US					DO NOT WRITE IN TH	IS SPACE		
US					3. Date Incorporated or Qualifed		}	
					08/07/1995			
Principal Place of Business     2a. Mailing Address					4. FEI Number		pplied For	
21 26				65-0603747	<del></del>	ot Applicable		
_	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional equired	
22 27								
		City & State	. State		6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees			
Zip	Country	28 Zip	Count		This corporation owes the current year		101 663	
<del></del>	25	— ·	30	' 7	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere			
	V. Hallo plia Address of Colle	The global and a state of the s	8	1 Name		<u>~</u>		
TAM	ara lora		-					
930	Washington ave		8	2 Street A	ddress (P.O. Box Number is Not Acceptable)			
Suit	TE 206		8	3				
MIAN	MI BEACH FL 33139		L	<u> </u>				
}			8	4 City	F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ve-named c	orporation submits this statement for the purpose	of changing it	s registered	
l office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Æuch change was aut	lhorized b	v the corpor	ation's board of directors. I hereby accept the app	ointment as r	egistered	
agent. ra	ill raminar intrigand accept inc cong							
CICULATURE	The - and	. 1000	70	MAR	1 1 ma 4/3	14/96	•	
SIGNATURE	Signature: Note of printed name of registered agr	you.	TA	MAR	uured when reinstating)  DATE	6/95	·	8
SIGNATURE	OFFICERS A	ent an artie il applicable. (NOTE: R	TA	MAR	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS			1/98)
	OFFICERS A	ent an atte if applicable. (NOTE: R	Registered Ac	MAR jent signature req		AND DIRECT	ORS IN 12	(11/98)
12.	OFFICERS A P LORA, TAMARA	ent arrente il applicable. (NOTE: R ND DIRECTORS	Registered Ac	MAR ent signature req				034 (11/98)
12. TITLE	P LORA, TAMARA 930 WASHINGTON AVE, #200	ent arrente il applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE	MAR ent signature req				2E034 (11/98)
12. TITLE NAME	OFFICERS A P LORA, TAMARA	ent any office in applicable. (NOTE: R) ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signature requirements signature requirem		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LORA, TAMARA 930 WASHINGTON AVE, #200	ent arrente il applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE	ent signature req				CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORA, TAMARA 930 WASHINGTON AVE, #200	ent any office in applicable. (NOTE: R) ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature rec		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LORA, TAMARA 930 WASHINGTON AVE, #200	ent any office in applicable. (NOTE: R) ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE	ent signature requested and si		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORA, TAMARA 930 WASHINGTON AVE, #200	ent arrettle if applicable. (NOTE: R  ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ent signature requested and si		☐ Change	Addition	CR2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A P LORA, TAMARA 930 WASHINGTON AVE, #206 MIAMI BEACH FL	ent arrettle if applicable. (NOTE: R  ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	ent signature requirement requirement signature requirement signat		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A P LORA, TAMARA 930 WASHINGTON AVE, #206 MIAMI BEACH FL	ent arrettle if applicable. (NOTE: R  ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition	CR2E034 (11/98)
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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 of an attachment with an address, with all other like empowered.

SIGNATURE: