FILE	NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00	FI	LED
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE		Apr 14 1998 8:00am	
ANNUAL REPORT		Secretary of State			
1998 DIVISION OF CORPC			CORPORATIONS	Secretary of State	
DOCUN 1. Corporation PRE-CU	NENT # P9500 Name T INTERNATIONAL, INC.	0062933 (3))		
Principal Place of Business Mailing Address					1) 00 0 0 10 0100 0000 11000 1111 1001
		7441 N.W. 78TH STREE MEDLEY FL 33015	Т	DO NOT WRITE IN THIS SPACE	
				DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE
				08/15/1995	
2. Principal Pla	ce of Business	28. Mailing Address		4. FEI Number 65-0602958	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Reguired
2 City & State 3		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has pa	
4	25 9. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
	YAL, PATRICK R		81 Name		
	N. UNIVERSITY DRIVE IBROKE PINES FL 33024		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
PEN	ADRUNE FINES FL 33024		83		······································
			84 City		FL 85 Zip Code
dd Durauaat te					
	the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the p	ourpose of changing its registered
	b the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obl	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, F	ries, the above-named cor authorized by the corpore forida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
	ignature typed or printed name of registered	agent and title If applicable (NC	DTE: Registered Agent signature requ	lired when reinstating)	DATE
SIGNATURE	ignature typed or printed name of registered				DATE
SIGNATURE	ignature typed or printed name of registered OFFICERS A P TRUJILLO, JORGE	agent and title if applicable (NC ND DIRECTORS	DTE: Registered Agent signature requi	lired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P TRUJILLO, JORGE 1278 GINGER CIRCLE	agent and the If applicable (NC AND DIRECTORS DELETE	DTE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	lired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	ignature typed or printed name of registered OFFICERS A P TRUJILLO, JORGE	agent and the If applicable (NC AND DIRECTORS DELETE	DTE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	lired when reinstating)	DATE CERS AND DIRECTORS IN 12
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