## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

l	996	DIVISI	Secretary of Stat ON OF CORPOR							
DOCUM	IENT # P	95000068219	9 (1)	~						
ì ·	NINTERNATIONAL,	INC.	` ,							
							FIR <b>11</b> 111 <b>11</b> 111 <b>1</b> 1			]
Principal Place o	f Business	Mailing Address								
10706 ROCK	ET BOULEVARD	•	T BOULEVARD							
SUITE 101		Suite 101								
ORLANDO FI	L 32824	ORLANDO FL	32824			3. Date Incorporated or Qualified 09/01/1995	3a. Date o	f Last Re	port	_
2. Principal Plac	e of Business	2a. Mailing Addre	ss			4. FEI Number		A	pplied For	
Suite, Apt. #,	etc:	26   Suite, Apt. #,		·		59-3337346			lot Applicable	_
22		27	U10.			5. Certificate of Status Desired			Additional lequired	
City & State		Oity & State				Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be to Fees	-
Zip	Country	Zip	Cou	nlry		8. This corporation has liability for i	intangible tax			1
24	25	29	30			Florida Statutes	□No			İ
	9. Name and Address	of Current Registered Agent		81 Name		10. Name and Address of New R	egistered Ag	ent		
STAMP	MARTIN F									
	UTH ORANGE AVENU	F		82 Street	Addres	s (P.O. Box Number is Not Acceptab	le)			
SUITE 9				83			<del></del>			-
ORLAND	00 FL 32801			84 City				1 -	<u> </u>	4
	<del></del>						- F1	i i	Code	
11. Pursuant to a or registered	the provisions of Sections Lagent, or both, in the Sta	607.0502 and 607.1508, Florida to of Florida. Such change was a	Statutes, the about the c	ve-named c	corporati	on submits this statement for the pur of directors. I hereby accept the appo	pose of chang	ing its re	gistered office	∍
familiar with,	and accept the obligation	s of Section 607.0505, Florida S	tatutes.	o poracon c		or alreaters. Thereby accept the appl	antinent as re	asierea e	agent, i am	
SIGNATURE	phatrire, typed or phrited rianic of reg	pistered agroin and tide if applicable	(NO*E Registered	Apent signature	re renata	hee sanutate d	DAT:			
12.		CERS AND DIRECTORS	13.	110.10 0 31.10		ADDITIONS/CHANGES TO OFFI		IRECTOR	RS IN 12	CR2E034 (12/95)
TITLE		☐ DELET	E 1 1 TI	TLE:	P			Change	Addition	42
NAME			12 NA	ME	SH	AMSHER R. CHA	MAHU			8
STREET ADDRESS			1381	REFT ADDRESS	107	US ROCKET BLVD.	SUIT	E 10	1	
CITY ST-ZIP		DELET		TY - ST - ZIP	01	RLANDO, FL 3282			<del></del>	_ ₩
NAME			2 2 NA					Change	Addition	1
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TITLE		DELET	E 3 1 TI	ILE				Change	Addition	٦
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CITY - ST - ZIP				Y-ST-ZIP						
TITLE		DELET						Change	☐ Addition	┪
NAME			5 2 NA	ME.						
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CHY-ST-ZiP THLE		DELET		Y · ST - ZIP	ļ					1
NAME								Change	☐ Addition	
STREET ADDRESS			6 2 NAI	me Refladdress						
CITY - ST - ZIP				Y-ST-Z:P						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if diamped, or on an attachment with an address.

SIGNATURE:

O2 27/96 407-888-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHAMSHER R. CHAUHAN

407-888-9161 Daylin'e Pligne #