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

## FILED May 06, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 05-06-1999 90233 014 \*\*\*150.00 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P95000069890

i. Corporation	Hallo					Į.					
ALITUR	INTERNATIONAL, INC.						I KARAMBAI NIA NANAN ANNI BANK BAKU ARNI ARNI ARNI		 	i ( <b>44</b> )	
Principal Place	Mailing Address	) Address				i infiliti iin iaini aliti neili galit antii antii ahiid		10164 10611 401	16 10 21		
8145 NW 7TH ST 8145 NW 7TH ST						Ì					
209 209 MIAMI FL 33126 MIAMI FL 33126							DO NOT WRITE IN THIS SPACE				
MIAMI FL 33126 MIAMI FL 33126 US US							3. Date Incorporated or Qualifed				
50		•					09/07/1995				
Principal Place of Business     2a. Mailing Address							FEI Number		Applied F	or	
21		26	26			<u> </u>	65-0607032		Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired		5 Addition		
22	•	27				-			Required		
City & Stat	<del>)</del>	City & State				6.	Election Campaign Financing		<b>00</b> May B led to Fees		
Zip	Country	Zip	Coun	trv		+-	Trust Fund Contribution  This corporation owes the current year In		eu 10 1 ees	<u>,</u>	
24	25	29	30	,		°.	Personal Property Tax.	Yes	⊒ <del>N</del> o		
24]	9. Name and Address of Curre	<del></del>	1901			10.	Name and Address of New Registered	Agent			
				B1	Name						
ORLOFF, KATIA 8145 NW 7 ST NO 209 MIAMI FL 33126			+	82	Street Addre	ess (i	P.O. Box Number is Not Acceptable)				
				83							
			H	84	City			85 2	Zip Code		
				- 1	1		FL on submits this statement for the purpose of	<u>- 1                                   </u>	<u> </u>		
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Statul	by tes.	the corporation	n's b	oard of directors. I nereby accept the appo	intment as	s registere	d —	
	Signature, typed or printed name of registered as	<del></del>	_	gen	nt signature required			ND DIDE	CTODE IN	12	
12.		AND DIRECTORS  DELETE	13.	_	- $$		ADDITIONS/CHANGES TO OFFICERS A	Chan		Addition	
TITLE	PSD Balarin, Olga	Deterie		1.2 NAME				<u></u>	<b>3</b>		
NAME STREET ADDRESS	8310 S.W. 11TH TERR.				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33144		1.4 CIT								
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NAME			3.2 NAM	ÆΕ							
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STREET ADORESS			4.3 STF		T ADDRESS						
CITY-ST-ZIP		☐ DELETE	5.1 T/TI		1-417			Chan	nge 🗆 /	Addition	
NAME			5.2 NAM						-		
STREET ADDRESS			5.3 STF	EET	TADDRESS						
CITY-ST-ZIP			5.4 CIT	Y- ST	T-ZIP						
TITLE		☐ DELETE	6.1 TITU	E.				Char	nge 🔲 /	Addition	

6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS