Applied For

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071836

1. Corporation Name

DMM INTERNATIONAL TRADING CO., INC.

Principal Place of Business
1323 S.E. 17TH STREET
SUITE 536

FORT LAUDERDALE FL 33316

2. Principal Place of Business

21

Mailing Address 1323 S.E. 17TH STREET

SUITE 536

2a. Mailing Address

26

FORT LAUDERDALE FL 33316

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90085 042 ***150.00 04-01-1999 90085 041 *****8.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

09/18/1995 4. FEI Number

65-0761728

27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current yet.	\$5.00	equired May Be
23 Trust Fund Contribution		May Be
Zip Country Zip Country 8. This corporation owes the current y		
24 25 29 30 Personal Property Tax.	Yes	X No
' 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
81 Name		ļ
GARDNER, MARIA	82 Street Address (P.O. Box Number is Not Acceptable)	
IZUT N.E. SIN SINEET	Sugar Address (F.S. Box Halling is Not Accoptable)	
FORT LAUDERDALE FL 33301		
84 City	FL 85 Zip	Code I
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpulation.	ose of changing its	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the	appointment as re	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Di	ATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE		DRS IN 12
TITLE D DELETE 1.1 TITLE	Change	Addition
	_ •	-
The Carlotter area	YE	
PORT LAURERDALE EL 20040	77708	
	Change	Addition
	L_J Change	Addition
NAME ZZNAME MILKEREIT, STEFAN	<u>,</u>	
STREET ADDRESS 3430 GALT OCEAN DRIVE		
CITY-ST-ZIP FORT LAWENTLE FL		
TITLE DELETE 3,1 TITLE	☐ Change	☐ Addition
NAME 3.2 NAME		
STREET ADDRESS 3,3 STREET ADDRESS]
CITY-ST-ZIP 3.4. CITY-ST-ZIP		
TITLE DELETE 41 TITLE	☐ Change	☐ Addition
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NAME 62 NAME		
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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.

Daytime Phone #