FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00							, FILED				
	PROFIT RPORATION		FLORIDA DEPART Sandra B.		STATE		Jan 29 19			am	
ANNU	JAL REPORT		Secretary	of Sta		'					
	1998		DIVISION OF CO	DRPOI TIO	ONS		Secretar	$\mathbf{V}$ $\mathbf{O}$	f Sta	ıte	
ł	MENT # P9 NAME NITERNATIONAL,	5000072 INC.	2959 (6)					-			
Principal Plac	e of Business	Maili	ng Address		<u></u> .	_				III 1811 IIII	
16546 N.E. 26TH AVE SUITE 4G NORTH MIAMI BEACH FL 33160  16546 N.E. 26TH AVE SUITE 4G NORTH MIAMI BEACH FL 33160						3 5	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						- 1	29/21/1995			-	
	lace of Business	<del>-</del>	ailing Address				El Number		<del></del>	oplied For	
Suite, Apt.	# etc	26	uite, Apt. #, etc.				NOT APPLICABLE			ot Applicable Additional	
22	<i>n</i> , 0.0.	27	uito, Apt. II, cto.	•		5. C	ertificate of Status Desired		T	Additional ∋quired	
City & Stati	9	<del></del>	City & State			3	lection Campaign Financing			May Be	
Zip	Country	28     Z	ip	Country			rust Fund Contribution his corporation owes or has pa	aid the cui		to Fees	
24	25	29	3	80		P	ersonal Property Tax due June	e 30.	∐Yes [	] No	
	9. Name and Address	of Current Register	ed Agent	81	Name	10. N	ame and Address of New Re	egistered	Agent		
HUDINOVORI, DAVID											
NORTH MIAMI BEACH FL 33160					Street Ad	ddress (P.C	. Box Number is Not Accepta	ble)			
				83							
				84	City			FL	.   '   '	Code	
	to the provisions of Section egistered agent, or both, it m familiar with, and accep	ns 607.0502 and 607. In the State of Florida. It the obligations of, S	1508, Florida Statutes Such change was au lection 607.0505, Flori	s, the above thorized by da Statutes	-named co the corpor i.	orporation s ration's boa	submits this statement for the ard of directors. I hereby acce	purpose o	f changing it pointment as	s registered registered	
	Signature, typed or printed name of	registered agent and title if a	oplicable. (NOTE:	Registered Age	nt signature rec			DATE			
12.	OFF D	ICERS AND DIRECTO	DELETE	13.		AD	DITIONS/CHANGES TO OFF)	CERS ANI	DIRECTOR  Change	R\$ IN 12	
TITLE NAME	NOSIKOVSKY, DAVI	D		1.1 TITLE 1,2 NAME					Onlange	1 Addition	
STREET ADDRESS	16546 N.E. 26TH A\			1.3 STREET	ADDRESS						
CITY-ST-ZIP	NORTH MIAMI BEAC	CH_FL 33160	T DELETE	1.4 CITY - S	T-ZIP				[ ] Ob		
TITLE NAME	D KOPYSSEVITCH, VL	ANISI AV	DELETÉ	2.1 TITLE 2.2 NAME					Change	Addition	
STREET ADORESS	16546 NE 26TH AVE			2.3 STREET	ADDRESS						
CITY-ST-ZIP	N MIAMI BCH FL			2, 4 CITY-S	T-ZIP						
TITLE			☐ DELETE	3.1 TITLE	ŀ			•	L Change	Addition	
NAME				3.2 NAME	ADDOFOO						
STREET ADDRESS CITY - ST - ZIP				3.3 STREET 3.4. CITY - S	1						
TITLE	·		DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME	}						
STREET ADDRESS				4.3 STREET		-					
CITY - ST - ZIP			DELETE	4.4 CiTY - ST 5.1 TITLE	- <u>ZIP</u>		<del>,</del>		Change	Addition	
NAME				5.2 NAME							
CINEEL ADDOCCO				E 2 CTREET	ADDRESS						

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. 01,20 98, 354-7495

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DWING WOLLEGUINED

DELETE

Change Addition