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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075089 (9)

CHRISCA INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



| 1366 PRESIDE | | 1500 PRESIDIO DR. | , | | | |
|--|---------------------------------------|---|--------------------------------|--|------------------------------------|--|
| FT. LAUDERDALE FL 33327 | | FI. CAUDERDALE PL 33327 | FT. LAUDERDALE FL 33327 | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 09/28/1995 | | |
| | ace of Business | 2a, Mailing Address | ONATIONAL DE | 4. FEI Number | Applied For | |
| 21 CHRIS | | G 26 CHRISCA INTE | KNATIONAL EL | 65-0613321 | Not Applicable \$8.75 Additional | |
| | MESIGIO DRIVE | Suite, Apt. #, etc. 27 566 RESID. City & State 28 WESTON - FA | O DRIVE | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | EnRIAA | 6. Election Campaign Financing | \$5.00 May Be | |
| | | 28 WES/ON - // | Country | Trust Fund Contribution | | |
| Zip 3332 | 27 25 USA | 33327 | USA | This corporation owes or has pa Personal Property Tax due June | · · | |
| 24 00- | g. Name and Address of Curren | | | 10. Name and Address of New Re | | |
| ANI | DRADE, SANDRA B. | | 81 Name | ANDRADE, SANDRA | R | |
| | 6 PRESIDIO DR. | | 82 Street | Address (P.O. Box Number is Not Acceptal | pla) | |
| FT. LAUDERDALE FL 32811 | | | | | | |
| | | | 83 | | | |
| | | | 84 City | | les Zin Code | |
| | | | WE | STON | FL 33327 | |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | the above-named | corporation submits this statement for the p | ourpose 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes | | | | | | |
| SIGNATURE | Schudiate | | | <u>. </u> | 1-04-98 | |
| · | | | Registered Agent signature | | | |
| 12. | OFFICE REANI | DELETE DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFI | VA 65 | |
| TITLE | ANDRADE, SANDRA | - Deter | 1.2 NAME | ANDRADE. SANORA. | Shange Li Addition | |
| NAME OTOGET ADDRESS | 1566 PRESIDIO DR. | | 1.2 NAME 1.3 STREET ADDRESS | 1566 PRESIDIO BRIV | E. | |
| STREET ADDRESS City-St-Zip | FT. LAUDERDALE FL 33327 | | 1.4 CITY-ST-ZIP | ANDRADE, SANORA. 1566 PRÉSIDIO DRIV WESTON - FI - 333 | 27 | |
| TITLE | 11.010-010-00-10-00-1 | DELETE | 2.1 TITLE | 10531000 1 202 | Change Addition | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | ì | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-2IP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |) | |
| CITY-ST-ZIP | | | 4.4 City-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | v. | ì | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - ST - ZIP | | Change Addition | |
| TITLE | | L'1 perete | 6.1 TITLE | 1 | Change C Adollon | |
| NAME | | | 6.2 NAME | · | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | ļ | |
| CATY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

14. Thereby 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 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.

SIGNATURE:

SANDRA B. ANDRADE

(954)741-6390