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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 # DOC

1. Corporation	I INVESTMENT INTERNATI											
Principal Place	e of Business	Mailing Addres	Mailing Address				111			ABIN BAN BEN		
13656 S.W. 102 LANE MIAMI FL 33186		13656 S.W. 102ND LAND MIAMI FL 33186 US				3. Date In	Decorporated		RITE IN THIS	SPACE		
							10/04	/1995				
2. Principal Pl	ace of Business	2a. Mailing Add	dress			<u> </u>	4. FEI Nu NOT	mber APPLICA	BLE		No	plied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certifca	ate of Statu	s Desired		\$8.75	
22		27									Fee Re	`
City & State	e	City & Stat	e					n Campaigr und Contrit		g 🗆	\$5.00 Added	-
23	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·					urrent year In		
24	25	29	3	0				al Property			ŬYes	□No
	9. Name and Address of Curre	nt Registered Agen	t			1	0. Name	and Addre	ss of Nev	w Registered	Agent	
DALI	MAN CYCD C			81	Name	Ma	bb le	C/XL	266	the l	SHER	5
	Man, syed f 6 S.W. 102 Lane			82	Street	Address	(P.O. Poy	Number is	Not Acce	ptable)		
	8 5.W. 102 DAINE All FL 33186			83	VOC	Mest.	1200	SY (XX	LL	are		
MICH	iii 1 E 33 100			03	M	RUUS	Ge					
				84	City					FL	85 Zip	AXXX
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Such cha	ange was auti	horized by	the coro	l corporate	ion submit board of d	s this state lirectors. I f	ment for t iereby acc	he purpose o	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: R	egistered Agen	t signature r	required who	n reinstating)			DATE		
12.		ND DIRECTORS	,	13.				NS/CHAN	GES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D		DELETE	11 TITLE			_			 1	Change	Addition
NAME.	SYED, RAHMAN			1.2 NAME		U2n	JA X	$\sim \nu \sim$	an	Syed		, .
STREET ADDRESS	13656 SW 102 LANE			1.3 STREET	ADDRESS		56 5	SW_I	מבי	cone		
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-ST	T-ZIP	K	<u>ami</u>	, Fle	* · 33	<u> 21 K.P</u>		- A J J W
TITLE			DELETE	2.1 TITLE							Change	☐ Addition
NAME.				2.2 NAME								
STREET ADDRESS				2.3 STREET		•				.	-,,,, .	
CITY-ST-ZIP			DÉ) ETE	2.4 CITY-S	T-ZIP	 					Change	☐ Addition
TITLE		Ц	DELETE	3.1 TITLE							☐ Citaligo	L Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREET								
CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE	1-219	+					Change	Addition
NAME		LJ	52272	4. 2 NAME								_
STREET ADDRESS				4.3 STREET	ADDRESS							
				4.4 CITY-S								
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE							Change	Addition
NAME		_		5.2 NAME								,
STREET ADDRESS				5.3 STREET	ADDRESS	; [
CITY-ST-ZIP				5.4 CITY-S	T- ZIP							
TITLE			DELETE	6.1 TITLE							Change	☐ Addition
NAME				6.2 NAME								1

CITY-ST-ZIP o supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 only if the receiver of this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changes, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS