

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078368 (4)

1. Corporation Name

SKYLARK INTERNATIONAL INC.



Principal Place of Business

Mailing Address

220 220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141

220 220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number
65-0613985

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

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29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIARATO, UGO V
220 220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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

Signature of the individual print name of registered agent and its applicable (NOTE: Registered Agent signature required when re-statuting) (1/2)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PT
220 220 CALIARI, MARIO
STREET ADDRESS 220 220 71ST STREET - SUITE 213
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME S
220 220 CHIARATO, UGO V
STREET ADDRESS 220 220 71ST STREET - SUITE 213
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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TITLE ☐ DELETE

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

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33 STREET ADDRESS

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43 STREET ADDRESS

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61 TITLE

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63 STREET ADDRESS

64 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phrase

CR2E034 (3/96)