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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90039 039 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082541

1. Corporation				\	
PROPLO(CK INTERNATIONAL, INC.			4 100 (100) 110 (010) USHI USHI PUKI UUHI U	KELI INIIN IKANI NIIK NENNI JINK INNI
					ISBN 18119 11881 BING BING BING HOUR HERD
Principal Place	of Business	Mailing Address			
14229 SW 127TH ST 981 SW 66TH AVE					
MIAMI FL 33186 N LAUDERDALE FL 33068-26		56	DO NOT WRITE IN T	HIS SPACE	
		US		3. Date Incorporated or Qualifed	
				10/24/1995	
	<u> </u>			4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address		٠	65-0617739	Not Applicable	
21		26			\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5,00 May Be
City & State	e	<u></u>		Trust Fund Contribution	Added to Fees
23		28	Country	8. This corporation owes the current year	Intangible
Zip	Country	. Н	30	Personal Property Tax.	∐Yes □No
24	25		30]	10. Name and Address of New Registe	red Agent
	9. Name and Address of Currer	nt Registered Agent	81 Name	10.	, ,
MED	CER, CARL A				
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
981-SW 66TH-AVE NO FT LAUDERDALE FL 33068-2656			83	28	5 1.33 (4) 5 PM 134
NO	FI LAUDENDALE PL 33000 2000		63		
			84 City		85 Zip Code
		Jaking the state of the state o			a of changing its registered
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as registered
office or a	registered agent; or both, in the State am familiar with, and accept the obligi	ations of, Section 607.0505, Flori	ida Statutes.	rporation submits this statement for the purposition's board of directors. I hereby accept the a	}
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requir	ired when reinstating) DAT	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE	F (17) (8)	
NAME	MERCER, CARL A		1.2 NAME		,
STREET ADDRESS	981 SW 66TH AVE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	NO FT LAUDERDALE FL 3306	58- 2656	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE		Cuange C vacation
NAME	MERCER, ANNA D	•	2.2 NAME		İ
STREET ADDRESS	ANA ON COTH AVE		2.3 STREET ADDRESS	•	•
	NO FT LAUDERDALE FL 3306	38-2656	2. 4 CITY-ST-ZIP		
CITY-ST-ZIP	110 11 D1000110110110110	DELETE	3.1 TITLE		☐ Change ☐ Addition
	13 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.2 NAME		
NAME		•	3.3 STREET ADDRESS		·我知道曹操执行王德(克·克·
STREET ADDRESS		8	3.4. CITY-ST-ZIP		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	4.1 TITLE		☐ Change ☐ Addition
MILE	199 B 38 B 7 P		4, 2 NAME		
NAME	Programme Constitution in		4.3 STREET ADDRESS		
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CITY-ST-ZIP			AACITY ST 7ID		
TITLE		. · · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		Change Addition
		☐ DELETE	5.1 TITLE		. Change Addition
NAME		DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	s	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
ļ	s B	☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS