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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000085172 1. Corporation Name

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90045 034 \*\*\*150.00

INTERNA	MIONAL VERTICLES & DECI									
Principal Place	of Business	Mailing Address								
1311 BAY STREET 1311 BAY STREET										
KISSIMMEE FL 34744-4205 KISSIMMEE FL 34744-4205						DO NOT WRITE IN	THIS SPACE			
						3. Date Incorporated or Qualifed 11/03/1995	-			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21		26			59-3340926		Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional					
22	·	27					<del></del>	Requi		
City & Stati	ө	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	Company	28	Countr			Trust Fund Contribution		ed to r	ees	
Zip	Country	Zip 31	_	y		<ol> <li>This corporation owes the current ye Personal Property Tax.</li> </ol>	ar intangible Yes		No	
24	9. Name and Address of Current		7			10. Name and Address of New Regist				
	5. Name and Address of Constitution	rtogistered 7 igont	8	Name					1	
GON	izalez, ramon			0	A -1-1	ss (P.O. Box Number is Not Acceptable)				
103 SOUTH THACKER AVENUE			8	Stree	Addres	ss (P.O. Box Number is Not Acceptable)				
KISS	SIMMEE FL 34741		83	3			"			
			84	0.5			85	Zip Cod	10	
			1	'		ration submits this statement for the purpo	$FL \mid \downarrow$			
agent, ra SIGNATURE	m familiar with, and accept the obligation of the control of the c				required v	when reinstating) DA				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER				
TITLE	PTD	☐ DELETE	1.1 TITLE				☐ Cha	nge	Addition	
NAME	GONZALEZ, RAMON		1.2 NAME		ĺ		•			
STREET ADDRESS	103 SOUTH THACKER AVENUE		1.3 STRE	ET ADDRES	3					
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-	ST-ZIP	<del> </del>		☐ Cha		Addition	
TITLE	VSD	☐ DELETE	2.1 TITLE		1 .		[] Cila	ıye	L. J Accounter	
NAME	GONZALEZ, MIGUEL	•	2.2 NAME							
STREET ADDRESS	103 SOUTH THACKER AVENUE	رالعيمرة يمها اساحم بيستفيل	w.	ET ADDRES	3					
CITY-ST-ZIP	KISSIMMEE FL 34741	☐ DELETE	2.4 CITY 3.1 TITLE		<del> </del>		☐ Cha	nge	Addition	
TITLE			3.2 NAME		1	•	_	•	_	
NAME				T ADDRES	s (				}	
STREET ADDRESS			3.4. CITY							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		1		☐ Cha	inge	Addition	
NAME			4. 2 NAM	Ē					}	
STREET ADDRESS				ET ADDRES	\$				ł	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u>,                                     </u>				
TITLE		☐ DELETE	5.1 TITLE				Cha	nge	Addition	
NAME			5.2 NAME	į					}	
STREET ADDRESS			5.3 STRE	ET ADDRES	s					
CITY-ST-ZIP			5.4 CITY-		<del> </del>					
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	ınge	Addition i	
NAME "(			6.2 NAME				,			
STREET ADDRESS			6.3 STRE	ET ADDRES	S				<b>\</b>	
SINCE I ADDRESS				CT 710	l				į	

CITY-ST-ZIP 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.

SIGNATURE: >