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

CORPORATION ANNUAL REPORT 1008



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Apr 28 1998 8:00am Secretary of State

	1990	511.				_)	2
1. Corporatio	MENT # P9500 ENTIAL INTERNATIONAL I	0008600°	1 (1)				
Principal Plac	e of Business	Mailing Addres	ss			-	30 114 83101 33 34 9141 9014 90401 1184 1001
12052 N.W. 11 STREET PO BOX 821405							
PEMBROKE PINES FL 33026 SOUTH FLORIDA FL 3			RIDA FL 330	82-1405		DO NOT WRITE	E IN THIS SPACE
						3. Date Incorporated or Qualified	. III THIS OF AGE
						11/08/1995	
— '	lace of Business	2a, Mailing Add	dress			4, FEI Number	Applied For
21 28 Suite, Apt. #, etc. Suite, Apt. #			Y, etc.			65-0640352	Not Applicable \$8.75 Additional
22		27	•			5. Certificate of Status Desired	Fee Required
City & State	0	City & State	1			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip		Country		Trust Fund Contribution	Added to Fees
24	25	29	l.	30		This corporation owes or has personal Property Tax due June	
<u></u>	9. Name and Address of Curre	11		7		10. Name and Address of New Ro	
8	MITH, DONALD			81	Name		
12052 N.W. 11 STREET				82 Street Add		ess (P.O. Box Number is Not Accepta	ble)
P	EMBROKE PINES FL 33026			83			
				63			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes	s, the above	named corp	oration submits this statement for the ion's board of directors. I hereby acce	
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such cha igations of, Section 60:	inge was au 7.0505, Flori	ithorized by ida Statutes.	the corporati	ion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE							
12.	Signature, typed or printed name of registered a	NO DIRECTORS	(NOTE	Registered Agen	l signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	0		DELETE	1.1 TITLE		ABBITIONS/OFFWAGES TO GITT	Change Addition
NAME	SMITH, DONALD			1.2 NAME			
STREET ADDRESS	12052 N.W. 11 STREET			1.3 STREET A	ADORESS		
CITY-ST-ZIP	PEMBROKE PINES FL 330			1.4 CITY - ST	- ZIP		
THTLE	D ON ATTOM A COPY	□ (DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME CZOSSE ADDRESS	SMITH, JODI PO BOX 821405 NA		2.2 NAME 2.3 STREET ADDRESS		annosco.		
STREET ADDRESS CITY-ST-ZIP	S. FL. FL 33082-1405			2.3 STHEET 7	1		
TITLE	0.16.16.0006.100		DELETE	3.1 TITLE	1-24		☐ Change ☐ Addition
NAME	:			3.2 NAME			
STREET ADDRESS	•			3.3 STREET A	ADDRESS.		
CITY-ST-ZIP				3.4. CITY - S1	r-ZIP		
TITLE			DELETÉ	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET A			
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST 5 1 TITLE	-211		☐ Change ☐ Addition
NAME		_		5.2 NAME			· • • — · · ·
STREET ADDRESS				5.3 STREET A	ADDRESS		
CITY-ST-ZIP			<u>,</u>	5.4 City - St	- ZIP	····	
TALE			DELETE	6.1 TITLE	T		☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				63 STREET A	- i		
14. I hereby o	certify that the information support	with his filing dose no	t qualify to	6.4 CITY-ST	on stated in	Section 119.07(3)(i) Florida Statutes	further certify that the information
indicated	on this annual report or supplement	tal from report is fre	e an accu	rate and tha	t my signatu	Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as	f made under oath; that I am an