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

FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90043 024 ***150.00

0001	IN ALL NIT	ш
пока	IMENT	#

P95000095635

1. Corporation Name

EDMA INTERNATIONAL TNC

Suite 601 Coral Gables, FL 33134 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 12/19/95 1. Head of Status Member Applied For Appl	EDNA INIER	MATIONAL, INC.							
Suite 601 Coral Gables, FL 33134 2. Principal Place of Dusiness 2. Principal Place of Dusiness 3. Date Incorporated or Qualified 12/19/95 2. Principal Place of Dusiness 3. Date Incorporated Or Qualified 12/19/95 2. Principal Place of Dusiness 3. Date Incorporated Or Qualified 12/19/95 2. Principal Place of Dusiness 3. Date Incorporated Or Qualified 12/19/95 3. Date Incorporated Or Qualified 3. Control Status Descript 3. Country State 3. Date Incorporated Or Status Descript 3. Country State 3. Date Incorporated Or Status Descript 3. Country State 4. City State	Principal Place of Business	•							
Coral Gables, FL 33134 Coral Gables, FL 33134 Coral Gables, FL 33134 2 Principal Place of Business 2 A Making Address 2 Principal Place of Business 2 Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 Cory & Suite City & Sui	901 Ponce De Leon Blvd.		Blvd	1.		1			
Coral Gables, FL 33134 Coral Gables, FL 33134 S. Data incorporation of qualified 12/13/95 S. Principal Place of Quasiness 22. Making Address Seek. Apt. 8, etc. S. Cerification of Status Dussined S8.75 Auditional Price Required State S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S. Cerification of Status Dussined S8.75 Auditional Price Required S8.75 Auditional Price Registered Agent S8.75 Auditional Price Required S8.75 Auditional Pr	Suite 601 Suite 601			DO NOT WRITE IN THIS SPACE					
2. Minking Address 2. Minking Address 3. Minking Address 3. Sulfe, Apl. #, etc. 5. Certificate of Status Dissred 58.75 Additions 58.75 Additio	Coral Gables, FL 33134	Coral Gables,	FL 3	3313	34				
2. Minking Address 2. Minking Address 3. Minking Address 3. Sulfe, Apl. #, etc. 5. Certificate of Status Dissred 58.75 Additions 58.75 Additio						12/19/95			ĺ
South, Apt. #, etc. 25 Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 2	2. Principal Place of Business	2a. Mailing Address						A	pplied For
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State	¬ '	26				65-0724816		N	lot Applicable
Section Campaign Financing Section May be Added to Financial Plant Added to Financial Plant Section May be Added to						5 Outlinets of Clabus Desired		\$8.75	Additional
City & State City & State 28	22	27				5. Certificate of Status Desired		Fee F	lequired
Age to Fees 28		City & State				6. Election Campaign Financing		\$5.00) May Be
Zip Country Zip Country Zip Country Zip Country Zip Zip 30 Personal Proyry Tax. We No No No No No No No N	23	28				Trust Fund Contribution		Added	to Fees
9. Name and Address of Current Registered Agent William H. Albornoz, Esquire 901 Ponce De Leon Blvd. Suite 601 Coral Gables, FL 33134 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 agent. I am milliam with, and except the obligations of Sections 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliam with, and except the obligations of Section 507,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliam with, and except the obligations of Section 507,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliam with, and except the obligations of Section 507,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliam with, and except the obligations of Section 507,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliam with, and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment as registered agent. I am milliam with and except the appointment agent and		Zip	Cour	ntry		8. This corporation owes the curr	ent year Inta		
William H. Albornoz, Esquire 901 Ponce De Leon Blvd. Suite 601 Coral Gables, FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Such change was authored by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the obligations of, Section 607.0502, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered office or registered or purpose of changing its registered or purpose or purpose its registered or purpose or purpose its registered or purpose or purpose its registered or purpose or purp	_ · · · · · · · · · · · · · · · · · · ·		30	,					No
William H. Albornoz, Esquire 901 Ponce De Leon Blvd. Suite 601 Coral Gables, FL 33134 11. Fursuant 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 agent. a manufact with an advent to obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent. I am accept the purpose of changing its registered agent.	9. Name and Address of Current	Registered Agent		- T		10. Name and Address of New F	tegistered /	lgent	
901 Ponce De Leon Blvd. Suite 601 Coral Gables, FL 33134 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 this 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, it am familiar with, and accept the obligations of, Section 607, 505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS IN 12. 17. NAME STREET ADDRESS 17. OFFICERS AND DIRECTORS IN 12. 17. NAME STREET ADDRESS 17.				81	Name				
Suite 601 Coral Gables, FL 33134 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florads Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the colligations of, Section 607 0505, Florads Statutes, Section 607		=		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
Coral Gables, FL 33134 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 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, and accept the obligations of, Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and corp the obligations of, Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and corp the obligations of, Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and corp the obligations of, Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and corp the obligations of, Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and corp the appointment as registered agent and corp the appointment and corp the appointm		d.							
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 this 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. ISIGNATURE Signature, typed or private arms of registered private appointment as registered agent agents in state of application. 12.				83					}
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 differ 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 director or registered agent agent, to an item familiar with, and except the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed familiar of registered agent and tide if applicative. (NOTE Requistered Agent signature required when reintailing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIE D Marrim B. Kirshenbaum STREET ADDRESS OFFI-ST-ZP OFFICERS AND DIRECTORS IN 13 12. NAME STREET ADDRESS OFFI-ST-ZP INTIE D Change Addition 22. NAME 23. STREET ADDRESS OFFI-ST-ZP INTIE DELETE 3. TITLE Change Addition 24. Change Addition 25. NAME 35. STREET ADDRESS OFFI-ST-ZP INTIE DELETE 3. STREET ADDRESS OFFI-ST-ZP INTIE Change Addition 4. STREET ADDRESS OFFI-ST-ZP INTIE MAME STREET ADDRESS OFFI-ST-ZP INTIE Change Addition 4. STREET ADDRESS OFFI-ST-ZP INTIE AMME STREET ADDRESS OFFI-ST-ZP INTIE Change Addition Addition Addition ACTY-ST-ZP Addition AND Change Addition Addition ACTY-ST-ZP Addition ACTY-ST-ZP Addition AMME STREET ADDRESS OFFI-ST-ZP STREET ADDRESS OFFI-ST-ZP INTIE Change Addition Addition Addition Addition ACTY-ST-ZP Addition ACTY-ST-ZP Change Addition Addition Addition Addition ACTY-ST-ZP Change Addition Addition ACTY-ST-ZP ADDITIONS/CHANGES TO OFFICERS AND DIR	Coral Gables, FL 3313	34		84	City			85 Zip	Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and make an accept the obligations of, Section 607-0505. Florida Statutor, Florid									
Signature, speed or primed rampe of registered agent and table of applications. NOTE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NOTE	office or registered agent, or both, in the State of	f Florida. Such change was au	ıthorized	i by tr	named corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of o of the appoin	thanging it itment as r	s registered egistered
Signature, speed or primed rampe of registered agent and table of applications. NOTE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NOTE	SIGNATURE								
TITLE DAME MARIA B. Kirshenbaum DELETE 1.1 TITLE DAME MARIA B. Kirshenbaum 12 NAME STREET ADDRESS COYAL Gables, FI. 33134 14 CMY-ST-ZIP CORAL Gables, FI. 33134 21 CMY-ST-ZIP DELETE DEL	Signature, typed or printed name of registered agent	2.13 11.14 1.14pp-1 (Agents	signature required			D DIRECT	OPS IN 12
Marim B. Kirshenbaum STREET ADDRESS 901 Ponce De Leon Blvd, #601 CITY. ST. ZIP COral Gables, FI. 33134 14 CITY. ST. ZIP 15 Coral Gables, FI. 33134 15 CITY. ST. ZIP 16 Coral Gables, FI. 33134 17 Coral Gables, FI. 33134 17 Coral Gables, FI. 33134 18 CITY. ST. ZIP COral Gables, FI. 33134 19 Coral Gables, FI. 33134 10 Coral Gables, FI. 33134 10 Coral Gables, FI. 33134 11 CITY. ST. ZIP COral Gables, FI. 33134 12 NAME 23 STREET ADDRESS CITY. ST. ZIP CORAL Gables, FI. 33134 13 STREET ADDRESS CITY. ST. ZIP CORAL Gables, FI. 33134 14 CITY. ST. ZIP CORAL Gables, FI. 33134 15 CITY. ST. ZIP CORAL Gables, FI. 33134 16 CITY. ST. ZIP CORAL Gables, FI. 33134 17 Change Addition Addition CITY. ST. ZIP CORAL Gables, FI. 33134 18 CITY. ST. ZIP CORAL Gables, FI. 33134 19 Coral Gables, FI. 33134 10 Change Addition CITY. ST. ZIP CORAL Gables, FI. 33134 10 Change Addition CITY. ST. ZIP CORAL Gables, FI. 33134 10 Change Addition CITY. ST. ZIP CORAL Gables, FI. 33134 10 Change Addition CITY. ST. ZIP CORAL Gables, FI. 33134 10 Change Addition CORAL Gables, FI. 33134 11 CITY. ST. ZIP CORAL Gables, FI. 33134 12 NAME 13 STREET ADDRESS CITY. ST. ZIP CORAL Gables, FI. 33134 14 CITY. ST. ZIP CORAL Gables, FI. 33134 15 CITY. ST. ZIP CORAL Gables, FI. 33134 16 CITY. ST. ZIP CORAL Gables, FI. 33134 17 Corange Addition CORAL Gables, FI. 33134 18 CITY. ST. ZIP CORAL Gables, FI. 33134 18 CITY			−13	0.5		ADDITIONS/CHANGES TO OF	FILERS AN		
STREET ADDRESS 901	Manta D Winds and and	_	10					onlange	
Coral Gables			Æ						
TITLE D			N						
INCE NAME Eduardo Chama \$22 NAME \$23 STREET ADDRESS CITY.ST-ZIP TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE NAME \$31 TITLE \$31 TITLE \$32 NAME \$32 NAME \$32 NAME \$33 STREET ADDRESS CITY.ST-ZIP TITLE \$41 TITLE \$43 TITLE \$44 CITY.ST-ZIP TITLE \$45 TITLE \$55 NAME \$55 NAME \$55 NAME \$55 NAME \$66 STREET ADDRESS CITY.ST-ZIP \$66 STREET ADDRESS CITY.ST-ZIP \$66 TITLE \$66 NAME \$67 NAME			— <u>u </u>		ZIP.			CT Change	Addition
STREET ADDRESS STRE		(Deterie	Ä					[] 0	
Addition Change		. "	1		22255				}
DELETE STREET ADDRESS STREET ADDRE			1						
NAME	.	34	-u		ZIP			[] Change	Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		בן שבנבונ	N						
CITY-ST-ZIP			N -		ODDECO.				ľ
DELETE			11		ſ				
NAME NAME 4 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		□ DELETE	→ —		ZIP			☐ Change	Addition
A 3 STREET ADDRESS A 4 CITY- ST-ZIP A 4 CITY- ST-ZIP TITLE DELETE S.1 TITLE Change Addition		F DECEIE	JJ .						
A 4 CITY-ST-ZIP			li li		DODESC]
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CSTREET ADDRESS CSTREET ADDRESS CSTREET ADDRESS CSTREET ADDRESS CALL CTY-ST-ZIP CSTREET ADDRESS			11						J
NAME NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 TADDRESS CITY-ST-ZIP		□ nel ete	_0		ZIP			Change	Addition
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition		☐ herric	H		l				
54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP]		N		IDDRESS				ł
DELETE			H						
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP		□ nel ete						Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP		LJ DELETE	Ш						
CITY-ST-ZIP 6.4 CITY-ST-ZIP)		H		MORESS				J
VIII-31-21F			11						
44. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 (1/13/1). Florida Statutes, Littliner certify that the information	CITY-ST-ZIP	this filing does not qualify for	13		I	Section 119 07(3)(i) Florida Statutos	I further cert	ify that the	information

I nereoy cermy mai 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 informatindicated 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 of 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 changes the property of the corporation of the receiver or trustee empowered.

SIGNATURE: