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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095715

EIKOO INTERNATIONAL, CO.

Principal Place of Business Mailing Address							§ 10011001	15# 5#1#J #5 17 ##1\$1 W		3101 3 1111 1	4 3 4 1 17	J### # #
7574 NW 70 STREET 7574 NW 70 STREET MIAMI FL 33166 MIAMI FL 33166								DO NOT WRI	ITE IN THIS :	SPACE		·
							3. Date Incorpor	ated or Qualifed				
							12/15/199	.5 <u> </u>				
Principal Place of Business 2a. Mailing Address							4. FEI Number			\Box	Appl	lied For
21 26							<u>65-066319</u>	92				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of 5	Status Desired		•		ditional
27											Req	
City & State	9	City & State	¬ ´				6. Election Cam					May Be
23		28	Col	intry		— 	Trust Fund Co				<u>ea 10</u>	Fees
Zip	Country	Zip		II iu y	,	1	This corporation Personal Project	ion owes the cur perty Tax		ingible ∐Yes	Г	⊒No
24	9. Name and Address of Currer	29	30	Ţ			_ 	ddress of New				
	9. Name and Address of Curren	It Kedistelen Warin		81	Name	}			744			
WEI'	tzman, jack l					BO	GNOLI,					
	20 SW 109 ROAD			82	Street	Address 7 5	(P.O. Box Numb 74 NW 7	per is Not Accept	able)			
-	MI FL 33176			83			7 3 2117 .	 -				
	W. V. B			L			- 			,	<u> </u>	
				84	City N	MIAM	I		FL	85 2	331	66
44 Dursuant	to the provisions of Sections 607.050	12 and 607 1508, Florida	Statutes, the a	boy	e-named	l corporati	ion submits this	statement for the	numose of	changing	ite re	enistered
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and agree the obliga	of Florida. Such change	was authorized	d by	the corpo	oration's	board of director	rs. I hereby acce	pt the appoin	itment as	s regi	stered
agent. i a	m familiar with, and agroupt the obliga		5, FIORIUM Stat	เเธร	. .				107-23.	99.		
SIGNATURE	Signature typed sprinted name of registered age	E M. 606 NOCI ant and title if applicable.	(NOTE: Registered	J Ager	nt signature r	required whe	an reinstating)		02-23.			
12.		ND DIRECTORS	13.					HANGES TO OF	FICERS AN	D DIREC	CTOR	
TITLE	PD	☐ DELE	TE 1.1 TI	TLE						Chan	ige	☐ Addition
NAME	CORONA, RODOLFO J		1.2 N	AME	ļ							
STREET ADDRESS	7574 NW 70 STREET		1.3 \$	1.3 STREET ADDRESS		3						
CITY-ST-ZIP	MIAMI FL 33166		1.4 C	1,4 CITY- ST								
TITLE	VD	D DELETE 2.1		2.1 TITLE		T				☐ Chan	nge	Addition
NAME	BOGNOLI, JOSE M	BOGNOLI, JOSE M 22N		2.2 NAME								
STREET ADDRESS	7574 NW 70 STREET			2.3 STREET ADDRESS		3			-	≠ .= .	•	
CITY-ST-ZIP	MIAMI FL 33166		2.40	2-YTIC	ST-ZIP							
TITLE	SD	SD □ DELETE 3.1 T		TLE						☐ Chan	ige	Addition Addition
NAME	YAMAÚCHI, HIROAKI		32 N	AME								
STREET ADDRESS	7574 NW 70 STREET 33S		3 3 STREET ADDRESS		;							
CITY-ST-ZIP	MIAMI FL 33166			3.4. CITY-ST-ZIP								
TITLE	TD	☐ DELE	TE 4.1 TI	ITLE		TD			-	X Chan	nge	☐ Addition
NAME	FERREIRA, JOSE G		4.21	VAME		GAR	CIA, JO	SE M.		•		
STREET ADDRESS	7574 NW 70 STREET 4.3 ST		4.3 STREET ADDRESS 7		3 757	4 NW 70	STREET					
CITY-ST-ZIP	MIAMI FL 33166			:ITY-S	ST-ZIP	MIA	MI, FL.	33166	<u> </u>			
TITLE		☐ DELE			_					☐ Chan	nge	☐ Addition
NAME			5.2 N									
STREET ADDRESS	[5.3 S	TREE	TADDRESS	[د						
CITY-ST-ZIP					ST-ZIP				_ 			
TITLE		☐ DELE								Char	ige	☐ Addition
NAME			6.2 N	IAME		1						

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 an anti-chingent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Jose M. Bosnou

Daytime Phone #