

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000289 (4)

1. Corporation Name
C.S. INTERNATIONAL, INC.



Principal Place of Business *PK NOTE* Mailing Address
201 ALHAMBRA CIRCLE, SUITE 711 *CHANGE OF* 201 ALHAMBRA CIRCLE, SUITE 711
CORAL GABLES FL 33134 *ADDRESS* CORAL GABLES FL 33134-5108

5841 NE 14TH RD
FT LAUDERDALE FLA 33334

3. Date Incorporated or Qualified
01/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 7132 NOB HILL RD

2a. Mailing Address

26 5841 NE 14TH RD

Suite, Apt #, etc.

22 TAMARAC

Suite, Apt #, etc.

27 FT. LAUDERDALE

City & State

23 FLA

City & State

28 FLA

Zip

24 33321

Country

25 U-S-A

Zip

29 33334

Country

30 U-S-A

4. FEI Number

650636586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE, SUITE 711
CORAL GABLES FL 33134

PK NOTE
NEW AGENT

SABATINO CAMPILII
5841 NE 14TH RD
FT LAUDERDALE FLA 33334

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *SABATINO CAMPILII*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPILII, SABATINO
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 711
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CAMPILII SABATINO
5841 NE 14TH RD.
FT. LAUDERDALE FLA 33334

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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. *SABATINO CAMPILII*

SIGNATURE: *SABATINO CAMPILII*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-97

954-724-7400

CR2E034 (9/96)