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

DOCUMENT # P9600001172

A.V. DAT	ra international, corf	?.					
Principal Place	e of Business	Mailing Address			- 1 18811893 (15 18118 8111 82111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111	. \$3(t) 01(0) 11001 1707	1 19816 (181 (83)
600 N.E. 36TH ST. 600 N.E. 36TH ST.							
#C7 #C7				DO NOT WRITE		T. 110 00 10 E	
MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/04/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
1 26				_	65-0634168		lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional tequired
City & State City & State					6. Election Campaign Financing	\$5.00	:May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible	
24	25	29 30)		Personal Property Tax.	≱ Yes	□No
**1	9. Name and Address of Curre				10. Name and Address of New Regist	ered Agent	
		· · · · · · · · · · · · · · · · · · ·	81	Name	1		
VIDAL, BART C. 8550 W. FLAGLER ST #111 MIAMI FL 33144			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	· · ·	
			83				
			84	City		FL 85 Zip	Code
SIGNATURE	m familiar with, and accept the oblig		egistered Age	nt signature required	when reinstating) DA		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change	
TITLE	CORDES, ALEXANDER		1.1 TITLE		. ,	Change	
NAME			1.2 NAME 1.3 STREET ADDRESS			• .	l
STREET ADDRESS						. A.	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Channa	Addition
TITLE		☐ DELETE	2.1 TITLE		•	☐ Change	
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS		•	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Change	Addition
TITLE			3.1 TITLE	1			
NAME			3.2 NAME			•	.
STREET ADDRESS				T ADDRESS			
Dougte			3.4. C!TY-5 4.1 TITLE	ST- ZIP		☐ Change	Addition
TITLE			4. 2 NAME		•	,	
NAME				T ADDRESS	•	-	
STREET ADDRESS			4.4 CITY-S	1			
CITY-ST-ZIP	T DELETE		5.1 TITLE	1-415		Change	Addition
TITLE			5.2 NAME		,		
NAME OTBEET ADDRESS				TADDRESS	•	•	}
STREET ADDRESS			5.4 CITY- S				ļ
CITY-ST-ZIP		☐ OELETE	6.1 TITLE			Change	Addition
		 -	62 NAME	İ			

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 suppliemental and that 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 desired by stee 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 adjactifying with an address, with all other like empowered.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90147 025 ***150.00