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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

1999

## DOCUMENT # P9600006279

1. Corporation Name

INTERNATIONAL SPECIALTY IMPORTS, INC.

| Principal Place of Business                   | Mailing Address                       |
|---|---------------------------------------|
| 1200 CLINT MOORE RD #1<br>BOCA RATON FL 33487 | 1200 CLINT MOORE<br>BOCA RATON FL 334 |

| I IMMINENT THE TANK | <br> | <br> |
|---------------------|------|------|

| 1200 CLINT MO<br>BOCA RATON F   |   | 1200 CLINT MOORE RD #1<br>BOCA RATON FL 33487                     |   |   | DO NOT WRITE  | IN THIS SPACE | <u> </u>                           |
|---|---|---|---|---|---|---------------|------------------------------------|
|   |   |   |   |   | 3. Date Incorporated or Qualifed 01/17/1996   |               |                                    |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Address   |   |   | 4. FEI Number   |               | Applied For                        |
| 21  |   | 26  |   |   | 65-0636323  |               | Not Applicable                     |
| Suite, Apt. 3   | #, etc.   | Suite, Apt. #, etc.   |   |   | 5. Certificate of Status Desired  | 7             | 75 Additional<br>ee Required       |
| City & State  | a 1850 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 | City & State  | -   | -   | Election Campaign Financing     Trust Fund Contribution                                     |               | .00 May Be<br>ded to Fees          |
| Zip<br>24   | Country 25  | Zip 29 3  | Country<br>30   | •   | This corporation owes the current<br>Personal Property Tax.                                 | ∭ Ye:         | s □No                              |
|   | 9. Name and Address of Current  | Registered Agent  |   | ,   | 10. Name and Address of New Reg   | istered Agent |                                    |
|   |   |   | 81  | Name  |   |               |                                    |
|   | BATISTA, WERNER<br>1200 CLINT MOORE RD #1   |   | 82  | Street Add  | ress (P.O. Box Number is Not Acceptable   | 9)            | ,                                  |
| BOC   | A RATON FL 33487  |   | 83  |   |   |               |                                    |
|   |   |   | 84  | City  | ***   | FL 85         | Zip Code                           |
| office or re<br>agent. I as   | egistered agent, or both, in the State of<br>m farniliar with, and accept the obligation                        | i Florida. Such change was aut<br>ons of, Section 607.0505, Flori | nonzed by<br>da Statutes  | the corporati   | poration submits this statement for the pur<br>on's board of directors. I hereby accept the | е аррошинен   | ng its registered<br>as registered |
| CIOIT TOTAL   | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE:                                   | Registered Ages   | nt signature require  |   | DATE          |                                    |
| 12.   | OFFICERS AND  |   | 13.   |   | ADDITIONS/CHANGES TO OFFICE   |               |                                    |
| TITLE   | DPST  | ☐ DELETE  | 1.1 TITLE   |   |   | □ Ch          | ange                               |
| NAME  | BATISTA, WERNER   |   | 1.2 NAME  |   |   |               |                                    |
| STREET ADDRESS  | JANA OLINIT HADODE DD #4  |   |   | I   |   |               |                                    |
| CITY-ST-ZIP   | 1200 CLINT MOORE RD #1  |   | 1.3 STREE   | TADDRE\$S   |   |               | ļ                                  |
| C+1 / C I LII   | BOCA RATON FL 33487   |   | 1.3 STREE<br>1.4 CITY-S   |   |   |               |                                    |
| TITLE   | 7   | ☐ DELETE  |   |   |   | Сн            | ange Addition                      |
|   | 7   | ☐ DELETE  | 1.4 CITY-S  |   |   |               | ange  ☐ Addition                   |
| TITLE   | 7   | ☐ DELETE  | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME   |   |   | Сн            | ange  ☐ Addition                   |
| TITLE<br>NAME   | 7   |   | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME   | T-ZIP   |   |               |                                    |
| TITLE<br>NAME<br>STREET ADDRESS   | 7   | - DELETE  | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE  | T-ZIP   | · +< -  |               |                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 7   |   | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-S  | T-ZIP   | . = = = =   |               |                                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | 7   |   | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME   | T-ZIP   | . =q.r  |               |                                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 7   | - []·DELETE   | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME   | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS  |   | . <u></u> ch  | ange Addition                      |
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| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | 7   | - []·DELETE   | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-S<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY-S<br>4.1 TITLE<br>4.2 NAME   | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS  | ÷ € •   | . <u></u> ch  | ange Addition                      |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | 7   | → DELETE  | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-S<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY-S<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREE<br>4.4 CITY-S                          | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS  |   | c             | ange Addition                      |
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| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP        | 7   | - DELETE  | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S                      | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP                   |   | c             | ange Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | 7   | → DELETE  | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE            | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP                   |   | c             | ange Addition                      |
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| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE | 7   | - DELETE  | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME              | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP                   |   | c             | ange Addition                      |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: