## 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 # P96000019301

Country

9. Name and Address of Current Registered Agent

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FARSON, MARK T

955 STILLWATER DR MIAMI BEACH FL 33141

1. Corporation Name

MTF INTERNATIONAL MARKETING & TRADING, INC.

Principal Place of Business

2. Principal Place of Business 21 300 51

Mailing Address

955 STILLWATER DRIVE MIAMI BEACH FL 33141

City & State

955 STILLWATER DRIVE MIAMI BEACH FL 33141

2a. Mailing Address

## FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90073 019 \*\*\*150.00

	DO NOT WRITE IN T	HIS SPACE		
	3. Date Incorporated or Qualifed 03/01/1996			
	4. FEI Number	Applied For		
	65-0647658	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		
SA	This corporation owes the current year     Personal Property Tax.	ntangibłe ☐ Yes <b>∑</b> No		
	10. Name and Address of New Register	ed Agent		
Name /	ARSON MART T			
Street Addre	ss (P.O. Box Number is Not Acceptable)			
#	520			
City MA	nibeach Floright	L 85 32/4/		
named corpore	ration submits this statement for the purpose to board of directors. I hereby accept the ap	of changing its registered pointment as registered		

			84 City	MJANI BO	each t	COUCHFL	35/	G/_	
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 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	Signature, Arged or printed name of ungished agent and title if applicable		//www	Must required when reinstating		/~S	77_		
12.	OFFICERS AND DIRECTORS		13.	ADDIT	TIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR	S IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	$\neg PSTP$		<del></del>	Change \	Addition	
NAME	FARSON, MARK T		1.2 NAME	FARSON	Reet #	7			
STREET ADDRESS	955 STILLWATER DRIVE		1.3 STREET ADDRES	s 200 ST	Reet #	500 a	0044		
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	MiAmi	Beach	FLORIUA	3 514		
TITLE		☐ DELETE	2.1 TITLE		000		☐ Change	☐ Addition	
NAME			2.2 NAME		4 2 4 4	3 ^ ~	•		
STREET ADDRESS			2.3 STREET ADDRES	s			•		
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CITY-ST-ZIP			3.4. CITY-ST-ZIP				1		
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRES	ss					
CITY-ST-ZIP			4,4 CITY-ST-ZIP				<u> </u>		
TITLE		☐ DELETE	5.1 TITLE		, ,		Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRES	is			, :		
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		<del></del>		Change	Addition	
NAME			6.2 NAME				,		
			6.3 STREET ADDRES	ss					
STREET ADDRESS			e 4 CITY ST 7ID						

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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 antachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR