Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90089 044 \*\*\*150.00

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

**PRØFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## P96000020363 DOCUMENT #

1. Corporation Name

S.C.C. If	NTERNATIONAL CORPORAT	TON	•				
Principal Place	e of Business	Mailing Address			-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1462 NW 57 ST MIAMI FL 3314	TREET	1462 NW 57 STREET MIAMI FL 33147			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
•	•				03/04/1996		1
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21	iada ar Bajarrada	26			65-0650179	<u> </u>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<u>_</u>	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Red	quired
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	•		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	=
	* **		_  81 Na	ame			
	F, JEANNETTE W		82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>	
	2 NW 57 STREET					t	
į , Mian	MI FL 33147		83		•		. •
in the second second			. <b>84</b> Cit	h.		85 Zip C	ode
			- 4 Cil	.y 	Ė.	L	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was at	uthorized by the (	med corpo corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as reg	egistered istered
SIGNATURE					BATE		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent sign.	ature required		AND DIRECTO	
12.	OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent sign.	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent sign. 13. 1.1 TTLE	ature required			
12. TITLE	OFFICERS AN TUFF, JEANNETTE W	nt and title if applicable. (NOTE:	Registered Agent sign. 13. 1.1 TITLE 1.2 NAME				
12. TITLE NAME STREET ADDRESS	OFFICERS AN ITUFF, JEANNETTE W 1090 OPALOCKA BLVD	nt and title if applicable. (NOTE:	Registered Agent sign.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR				
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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 on an attachment with an address, with all other like empowered. other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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NAME

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Change

Addition