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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000025036
1 Corneration Name	1 0000000000000000000000000000000000000

	NTERNATIONAL CO., INC.			TALLA MANAGER FLORI	e Na 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 111
Principal Place of Business Mailing Address				(8) 12 47 50 1 E 11 6 E 10 10 11 11 11 11 11 11 11 11 11 11 11	
2917 N.W. 82ND AVENUE 2917 N.W. 82ND AVENUE MIAMI FL 33122 MIAMI FL 33122					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 03/21/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		52-1978532	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5, Cortificate of Status Desired []	\$8.75 Additional
22		27		5, Consider of Status Desired (1)	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	[25]	+ 1	30	8. This corporation owes the current year Personal Property Tax	r Intangible []Yes []No [
271	9. Name and Address of Curre		1301	10. Name and Address of New Register	
			OK & Name	•	*
ROMANO, JUAN H			(· / · · · ·	Address (P.O. Box Number is Not Acceptable)	
	7 N.W. 82ND AVENUE		<u> </u>	,	
MIA	MI FL 33122		83		
			84 City	·	85 Zip Code
		an impantite allerian at an			- L [
office or	registered agent, or both, in the State	of Florida, Such change was a	es, the above-hamed c uthorized by the corpor	corporation submits this statement for the purpose ration's board of directors. Thereby accept the ap	e of changing its registered ippointment as registered
		ations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and blic if applicance	Régistère l'Agent signatine re-	gone diwhat, renishbog . DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPS	[DELETE	11 TUILE		[] Change [] Addition
NAME	ROMANO, JUAN H		1.2 NAME		
STREET ADDRESS			13 STREET ADDRESS		
C/TY-ST-ZIP	MIAMI FL 33122	[] DELETE	14 CITY-ST-ZIF		C I Channe - Ed Addison
TITLE NAME	1 .	Liberete	2.1 Title 2.2 NAME	DATE CAPLOS	[Change
STREET ADDRESS	<u> </u>		23 STREET ADORESS	OATIZ, CAPLOS 2917 N.W. 82 AUC	
CITY-ST-ZIP	1		2 4 City-St-ZiP	MIAMI, FL. 33122	
TITLE	<u> </u>	E) DELETE	31 TILLE	11111111 1 2. 331 62	[Change [] Addition]
NAME	}		3.2 NAME		
STREET ADDRESS	Į		3 3 STREET ADDRESS		
CITY-ST-ZIP	Į		34 City-ST-ZIP		
TITLE		[DELETE	4.1 TITLE	~ 161	[Change [] Addition
NAME	}		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	(')'	
CITY-ST-ZIP		n na katalana	4.4 CITY+\$T+ZIF		
TITLE		[. DELETE	5.1 THUF 5.2 NAME	~ 70000281 -03/25/99-	THE CONTRACTOR OF THE PROPERTY
NAME.			53 STREET ADDRESS	~U3/25/33~ ****150.0	-01035013 0 ****150.00
STREET ADDRESS			54 CITY-ST-ZIP	σσσ σ130. υ	U ****13U.UU
CITY-ST-ZIP		[] DELETE	61 TITLE		[Change [] Addition
NAME	1	[/ p.c. 6	6.2 NAME		C, ************************************
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	}		64 C/TY-ST-ZiP		

14. Thereby 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 lindicated on this annual report or supplemental agricular report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation of the receiper 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 a nattagement with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR TIZ , THE ASULE 3/23/97 (305)436-1888