## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1007

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	200000000000000000000000000000000000000				
1	MENT # P96000 NA INTERNATIONAL, INC.	0028499 (7)				
				i iariisri iyo iayla ayli ariii saxii saxii saxii		
Principal Plac	e of Business	Mailing Address		[		
10235 SW 91ST TER				į	•	
				DO NOT WRITE	<del></del>	
				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal P	2, Principal Place of Business 2a. Mailing Address			03/26/1996 4. FEI Number	Applied For	
21		<del></del>		65-0719332	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Cermicale of Status Desired	Fee Required	
City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation owes or has pa		
24	25		10	Personal Property Tax due June		
g, Name and Address of Current Registered Agent				10. Name and Address of New Re		
KELLEY, CHRISTOPHER P			81 Name	ANCY C DASTROES		
11098 BISCAYNE BLVD			82   Street Add	NANCY G. PASTROFF Address (P.O. Box Number is Not Acceptable)		
SUITE 205			63 1.0	300 SUNSET DRIVE.	STE 135	
MIAMI FL 33161			63	·		
1			84 City MI	AMI	FL 85 3 9 1 9 13	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the p	urpose of changing its registered	
office or a spent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was au alions of Section 607.0505 Flori	thorized by the corpora da-Statutes.	poration submits this statement for the pation's board of directors. I hereby accept ROFF	t the appointment as registered	
SIGNATURE	Maney V.	awyj	NCI G. PASI	, KOIT	7 3, 197	
	Signature, typed or printed name of registered age	ant and tity is policable. (NOTE: I	Registered Agent signature requi	-, .,, <del>,,</del>	DATE	
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	DAUPHIN, ADELINE		1.2 NAME			
STREET ADDRESS	10235 SW 91ST TER		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	ETIENNE, LADNER		2.2 NAME			
STREET ADORESS	68 SUNSHINE DR DOLLARD DES ORMEAUX CA	MADA	2.3 STREET ADDRESS			
CITY-ST-ZIP	DOLLARD DES ORMEAUX CA	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		- pectie	3.2 NAME		U DIANGO LE MORROII	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u>                                     </u>		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	, '		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S1-ZIP 5.1 TITLE		Change Addition	
NAME		☐ beteve	5.2 NAME		C 4 consider C vectorial	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	

14. I do 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 a rattachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME