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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000028953 (3)

FILED Apr 28 1997 8:00am Secretary of State

	rth International, Inc	4				
Principal Place of Business Mailing Address					. 1981,481 142 1911 A1511 B1111 S1111 S2111 G0111 4	20: 12:16 10:01 01:0 01:10 10:11
11715 MELLOW CT 11715 MELLOW CT ROYAL PALM BEACH FL 33411-9126						
					3. Date Incorporated or Qualified 3a. 04/02/1996	Date of Last Report
	2. Principal Place of Business 28. Mailing Address				4. FEI Number 65 - 0 658841	Applied For
21 26 Cuite Ant # etc				· · · · · · · · · · · · · · · · · · ·	63-0628641	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	y & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangi	
24	25	29	30		Florida Statutes Yes	No
4445	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registers	d Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE						
CORAL GABLES FL 33134				Street Add	dress (P.O. Box Number is Not Acceptable)	
	VIE OF ELECTION		83			
			84	City		. 85 Zip Code
				- 7.	F	L
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's 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.						
agent. La	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	orida Statute	8.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature Typed or printed name of registered ag	nont and title it anoticable //NOT	F: Registered As	ent cionalure tenu	ired when reinstating) DATE	
12.		ND DIRECTORS	13,	en angriacine requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME			;
STREET ADDRESS	11715 MELLOW CT		1,3 STREE	T ADDRESS		į
CHY-ST-ZIP	ROYAL PALM BEACH FL 334		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE			2. 4 CITY - 3.1 TITLE	ST-ZIP		Change Addition
NAME		·-				Fin Sum do Fil Mountain
STREET ADORESS			3.2 NAME	T ADDRESS	•	
CITY-ST-ZIP			3.4. CITY			
TITLE			4.1 TITLE	<u> </u>		Change Addition
NAME			4. 2 NAME			
STREET AUDRESS			4.3 STREE	T ADDRESS		
CITY+ST-7PP			4.4 CITY-	ST-ZIP		
Inte		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - S1 - 7(P				ST-2(P		
TITLE	DELETE 6.1 T		6.1 TITLE			Change Addition
NAME.			6.2 NAME			
STREEL ADDRESS				T ADDRESS		
City-St-ZiP	w cartifu that the information cuspli-	ad with this filing does not quali	64 CITY-		ort in Section 119 07(3Vi) Floride Statides I fur	her certify that the

1. 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 an attachment with an address.

SIGNATURE

Warre & Merry NAME OF SIGNING OFFICER OF DIRE

4/19/97

aytime Phone #

ne #