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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	JMENT # P9600 International services	00031169 (* 5, INC.	1)	
Principal Place of Business Mailing Address			A BOOKSOOK ITM TOHIO BEILL WOLLE BOARD BOXIN BOXING FLOOT FLOOR FLOOD BUILD CONTINUE	
19677 HAMPTON DR BOCA RATON FL 33434		19677 HAMPTON DR BOCA RATON FL 33		
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996
21	Il Place of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
22	pt #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired S8.75 Additional Fee Required
City & S 23	tate	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z(pi ─	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	 Name and Address of Cur ERNANDEZ, PETER R 	rrent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	9677 HAMPTON DR 10CA RATON FL 33434		82 Stree* 83 Stree*	Address (P.O. Box Number is Not Acceptable)
11. Pursua office of agent SIGNATUR	-		Statutes, the above-name was authorized by the co 5, Florida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D - PROSIDONT	DELET		Change Addition
NAME STREET ADDRES	FERNANDEZ, PETER R 19677 HAMPTON DR		1.2 NAME 1.3 STREET ADDRESS	
CITY - ST - 7IP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	
TITLE	D - VICE PRESI	DENT DELET		Change Addition
STREET ADORES CHY-ST-ZIP	GREYSEL STE 3633 CORAL SP CORAL SPRING	RINGS DR.	2.3 STREET ADDRESS 2 4 City-St-Zip	
THE	CONTO SPIKING	DELETI		Change Addition
NAME		 ···-·	3.2 NAME	
STREET ADDRES	ss		3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	
TITLE	TO PATH AND THE PARTY OF THE PA	DELETI		☐ Change ☐ Addition
NAME	1		4. 2 NAME	
STREET ADDRES				
CITY - S1 - 20F	ss		4.3 STREET ADDRESS	
TITLE	ss		4.4 City-St-Zip	
,	ss	☐ DELETI	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME	ss	☐ DELETI	4.4 C(TY - ST - Z(P 5.1 TITLE 5.2 NAME	Change Addition
		☐ DELETI	4.4 C/TY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Change Addition
NAME STREET ADDRES CITY-S1-ZIP		_	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
NAME STREET ADDRES		☐ DELET	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	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 chapter 6, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #

FILED

Mar 28 1997 8:00am

Secretary of State