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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000031658

1. Corporation	INTERNATIONAL INC.						
Principal Plac	ce of Business	Mailing Address					
4890 SW 74TH COURT MIAMI FL MIAMI FL							
	·	MICHINA E			DO NOT WRITE IN TH	IS SPACE	
					Date Incorporated or Qualifed 04/01/1996		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For	
21 26				65-0660385	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23	-	28			Trust Fund Contribution	Added to	o Fees
Zip 24			Country 30			☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Registere	d Agent	
RUE	BIALES, RICARDO		81	Name			
4890 SW 74TH COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL			83				
	•						
			84	City	F	85 Zip C	Code
onice or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpose con's board of directors. I hereby accept the app	of changing its	registered gistered
SIGNATURE	arra aboopt the obliga	110110 017 00011011 007.0000, 1 1011	da Olololes	•			}
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				nt signature require	d when reinstating) DATE		
TITLE	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A		
NAME	CHAVES, EDSON	C pereie	1.2 NAME			☐ Change	☐ Addition
STREET ADDRESS	DI A LII MAAITA OAA DI OOO DA ADT 4000 DAIDAWA		1.3 STREET ADDRESS				
CITY-ST-ZIP	DIO DE JANGIDO DI DONZII		1.4 CITY-ST-ZIP				}
TITLE	A		2.1 TITLE	1-21		☐ Change	Addition
NAME	RUBIALES, RICARDO		2.2 NAME			— · 3	
STREET ADDRESS	AGGA GUI WATEL GOLING		2.3 STREET ADDRESS				
CITY+ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP		•	ł
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	32N		- 3.2 NAME		المناه المالية	· * • · ·	
STREET ADDRESS			3.3 STREE	T ADORESS			4
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TTILE			☐ Change	Addition
NAME			4, 2 NAME	}			
STREET ADDRESS			•	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
NAME STREET ADDRESS			5.3 STREET	AUDDESS			
1	ı		5.4 CITY-S	i			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		····	Change	Addition
NAME		~ occ.,,	6.2 NAME	1		□ ouniñe	Addison

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

30V-669-0198