Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90023 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600038475

EASY W	AY INTERNATIONAL SER	VICES, INC.						
Principal Place of Business Mailing Address					(304)1006 ita igita aitii aaiii aatii aatii	TA ATTAC TARTE ACATE TO	Direct and name	
7007 NW 30 STREET 7007 NW 30 STREET MIAMI FL 33122 MIAMI FL 33122					OO NOT WEITE IN THE	IC CDACE		
					DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 05/02/1996	5 SPACE		
2. Principal Place of Business 2a. Mailing Addr			ress		4. FEI Number		Applied For	
21		26			65-0517959		Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	_	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 r		
Zip Country		28 Zin	Zip Country		8. This corporation owes the current year I		,	
24	25 29		30		Personal Property Tax.		□No	
24	9. Name and Address of Curi		1		10. Name and Address of New Registere	d Agent		
11. Pursuant	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Fjorida. Such change was autrigations of, Section 607.0505, Florid	, the abo horized to la Statut	34 City ove-named copy the corporates.	MIAMI, FLORIDA 33122 Forporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its	registered	
	Signature typed or printed name of registered	Z	egistered A	gent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
12.	PVP	AND DIRECTORS	1.1 TITL	F I	ADDITIONS/OFFICEO TO OFFICERS	Change	Addition	
/	ROCA: AUGUSTO	_ Pee-1-	1.2 NAM				,	
NAME	7007 1844 00 OTOFFT			EET ADDRESS				
STREET ADDRESS	MIAMI FL.33122		B	-ST-ZIP		1		
CITY-ST-ZIP	WIAWI FL.33122	☐ DELETE	2.1 TITL			☐ Change	☐ Addition	
NAME		_	2.2 NAM	ié				
STREET ALIDRESS			2.3 STR	EET ADDRESS =		<u> </u>		
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TTL	E		Change	Addition	
NAME		1	3.2 NAM	IE		•		
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE	*	☐ DELETE	4.1 TITL	Ε		☐ Change	☐ Addition	

CITY-ST-ZIP 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.

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Change

☐ Addition

Addition