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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600039869 (8)

F & A INTERNATIONAL, INC.

Principal Place of Business

10401 W. BROWARD BLVD., STE. 207 PLANTATION FL 33324 Mailing Address

10401 W. BROWARD BLVD., STE. 207

## FILED May 14 1997 8:00am Secretary of State



PUMINION F	L 33324	FUNITATION FL 333241	2122			
					3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 6405 NW 36 ST.		26 6405 NW 36 ST.			65-0681815	X Not Applicab
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 202 E		27 202 E				Fee Required
City & State 23 M/AM/,	PLORIDA	City & State 28 <i>H/AH/</i> , <i>PL</i>	oesta		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Cou	nirv	8. This corporation has liability for	
24 33/66		29 33/66		IJ̈́Α		Yes No
E-4   V	9. Name and Address of Curre				10. Name and Address of New Re	
SAN	CHEZ, FABIOLA			81 Name		
10401 W. BROWARD BLVD., STE. 207						
	<b>50</b> ,	1	82 Street Ad	et Address (P.O. Box Number is Not Acceptable)		
164	NTATION FL 33324		ļ	83		
				84 City		FI 85 7ip Code
11 Purcuant t	a the provisions of Sections 607.05	02 and 607 1508 Florida Sta	tules the at	ove-named co	organism submits this statement for the	• • ;
agent. i ai	egistered agent, or both, in the State in familiar with, and accept the oblig	le of Florida. Such change wa gations of, Section 607.0505,	is authorized Florida Stati	I by the corpor utes.	orporation submits this statement for the pration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	ger Land life if applicable (A	IOTE Registered	Agent signature rec	quired when reinstating)	DVJE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	DPT	DELF1E	1.1 111		PT	Change 🔲 Addition
NAME	SANCHEZ, FABIOLA		1.2 NA	ME 🥞	ANCHEZ, FABIOLA	430
STREET ADDRESS	10401 W. BROWARD BLVD.,	STE. 207	1.3 ST	REET ADDRESS 7	1001 NW 16 ST, SU178 A-	7.00
CITY-ST-ZIP	PLANTATION FL 33324			IY-ST-ZIP 🗗	COUTS TION , PL. 23313	
YITLE	DVS	DELETE	2.1 111	1 *	> <b>∨</b> 5	Change Addition
NAME	LEON, ALDO G		2.2 NA	Mi L	EONIALDO G.	
STREET ADDRESS	10401 W. BROWARD BLVD.,	STE. 207	2.3 S1	REET ADDRESS 2	SIINM 8144 DW SOLLE ?	2 (4
CITY-ST-ZIP	PLANTATION FL 33324		2 4 CI		PUNTONION, FL. 33324	
TITLE		☐ DELE1E	3.1 113	ır		Change Addition
NAME			3.2 NA	.ME		
STREET ADDRESS			3.3 \$1	REE1 ADDRESS		
CITY-ST-ZiP			3.4. CI	1Y-S1-ZIP		
TITLE		☐ DECETE	4.1 10			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS				REEL ADDRESS		
CITY-ST-ZIP			1	IY-ST-ZIP		
TITLE		DELETE	5.1 10			☐ Change ☐ Addition
NAME			5.2 NA	ME		• —
STREET ADDRÉSS				HEET ADDRESS		
CITY-ST-ZIP				IY-SI-ZIP		
TITLE		DELETE	61 TI			Change Additi
NAME		page	6.2 NA			
STREET ADDRESS				REE1 ADDRESS		
CITY-ST-ZIP		NΛ	1	1Y - \$1 - ZIP		
	a cortife that the information cuerly	nod will this Gips does not all			ated in Section 110 (17/3)(i) Florida Statut	oe I further cortify that the

I do hereby certify that the information supplied wild hid fling 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 supplied annual eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reterior or truther 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 altitionally ith an address.

CICNIATUDE.

04/28/97

(305) 871-7003