

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90190 048 ***150.00

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DOCUMENT # P96000041220

1. Corporation Name

CORPORATE SERVICES INTERNATIONAL, INC.

Principal Place of Business

104 CRANDON BLVD.
STE. 307
KEY BISCAYNE FL 33149
US

Mailing Address

104 CRANDON BLVD.
STE. 307
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

21 350 PALMWOOD LN

2a. Mailing Address

26 350 PALMWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KEY BISCAYNE FL

City & State

28 KEY BISCAYNE FL

Zip

24 33149

Country

25 USA

Zip

29 33149

Country

30 USA

9. Name and Address of Current Registered Agent

ZAMORA, GEORGE S
3191 CORAL WAY
THIRD FLOOR
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

65-0665897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MICHELENA, JUAN A III
STREET ADDRESS EDIFICIO TORRE CREIVAL, 2DA AVENIDA
CITY-ST-ZIP CAMPO ALEGRE CARACAS VENEZU

TITLE SD ☐ DELETE

NAME MICHELENA, JUAN A
STREET ADDRESS EDIFICIO TORRE CREIVAL, 2DA AVENIDA
CITY-ST-ZIP CAMPO ALEGRE CARACAS VENEZU

TITLE VD ☐ DELETE

NAME ZERBIB, ELIAS
STREET ADDRESS EDIFICIO TORRE CREIVAL, 2DA AVENIDA
CITY-ST-ZIP CAMPO ALEGRE CARACAS VENEZU

TITLE VD ☐ DELETE

NAME JAHN, EMILIO C
STREET ADDRESS EDIFICIO TORRE CREIVAL, 2DA AVENIDA
CITY-ST-ZIP CAMPO ALEGRE CARACAS VENEZU

TITLE D ☐ DELETE

NAME DELFINO, ENRIQUE C
STREET ADDRESS EDIFICIO TORRE CREIVAL, 2DA AVENIDA
CITY-ST-ZIP CAMPO ALEGRE CARACAS VENEZU

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: JUAN A. MICHELENA III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(305) 365-0765

Daytime Phone #

CR2E034 (11/98)