

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045415
Corporation Name
L.B.H. INTERNATIONAL, INC.

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90006 004 ***550.00

Principal Place of Business
19 MILLWOOD TERRACE STE 141
BOCA RATON FL 33431

Mailing Address
3119 MILLWOOD TERRACE STE 141
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LIABOH, YURI 3119 MILLWOOD TERRACE STE 141 BOCA RATON FL 33431		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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] 7/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LIABOH, YURI		1.2 NAME	
3119 MILLWOOD TERRACE STE 141		1.3 STREET ADDRESS	
BOCA RATON FL 33431		1.4 CITY-ST-ZIP	
VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
KHUSAINOV, ROBERT		2.2 NAME	VD
3119 MILLWOOD TERRACE STE 141		2.3 STREET ADDRESS	JAKI INNA
BOCA RATON FL 33431		2.4 CITY-ST-ZIP	3119 MILLWOOD TER #141
STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LIABOH, MILENA		3.2 NAME	STD
3119 MILLWOOD TERRACE STE 141		3.3 STREET ADDRESS	JAKI INNA
BOCA RATON FL 33431		3.4 CITY-ST-ZIP	3119 MILLWOOD TER #141
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

7/23/99

Date

Daytime Phone #

CR2E034 (5/99)