

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047208 (9)
1. Corporation Name

PROVENDERS INTERNATIONAL CORPORATION



Principal Place of Business
6190 WOODLANDS BOULEVARD, SUITE 117
TAMARAC FL 33319

Mailing Address
6190 WOODLANDS BOULEVARD, SUITE 117
TAMARAC FL 33319-2504

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

4. FEI Number

65-0672111 230612

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Iris Michalski

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

6190 Woodlands BLVD, suite 117

83 City

Tamara

FL

84 Zip Code

33319

85

Tamara

FL

86

33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the change as required by Section 607.0505, Florida Statutes.

Over-named corporation submits this statement for the purpose of changing its registered
agent. I hereby accept the appointment as registered agent.

SIGNATURE

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

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

LOAIZA JULIO CESAR

6190 WOODLANDS BOULEVARD, SUITE 117

TAMARAC FL 33319

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD

VALENCIA, FERNANDO A

6190 WOODLANDS BOULEVARD, SUITE 117

TAMARAC FL 33319

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Officer President.

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. Name

Iris Michalski

☐ Change

☒ Addition

12. Street Address

6190 Woodlands Blvd suite 117

13. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

14. Name

Iris Michalski

☐ Change

☐ Addition

15. Street Address

6190 Woodlands Blvd suite 117

16. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

17. Name

Iris Michalski

☐ Change

☐ Addition

18. Street Address

6190 Woodlands Blvd suite 117

19. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

20. Name

Iris Michalski

☐ Change

☐ Addition

21. Street Address

6190 Woodlands Blvd suite 117

22. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

23. Name

Iris Michalski

☐ Change

☐ Addition

24. Street Address

6190 Woodlands Blvd suite 117

25. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

26. Name

Iris Michalski

☐ Change

☐ Addition

27. Street Address

6190 Woodlands Blvd suite 117

28. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

29. Name

Iris Michalski

☐ Change

☐ Addition

30. Street Address

6190 Woodlands Blvd suite 117

31. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

32. Name

Iris Michalski

☐ Change

☐ Addition

33. Street Address

6190 Woodlands Blvd suite 117

34. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

35. Name

Iris Michalski

☐ Change

☐ Addition

36. Street Address

6190 Woodlands Blvd suite 117

37. City-ST-ZIP

Tamara FL 33319

☐ Change

☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the
information indicated on this annual report or supplemental annual report is true and
I am an officer or director of the corporation or the receiver or trustee empowered to
appear in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

04-22-97

Date

954-7268865

Daytime Phone #

0279517