PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000054969

Principal Place of Business	Mailing Address
500 SE 7 PL. HOMESTEAD FL 33033	2500 SE 7 PL. HOMESTEAD FL
HOMESTEAD FL 33033	HON

May 06, 1999 8:00 am Secretary of State

05-06-1999 90255 040 ***158.75

1. Corporation		es internatioi	NAL, INC.									
Principal Place	e of Rusiness		Mailing	Address						JII BAHI OOIT	Milit Bidib inii	9 111 9 19 11 10 ()
2500 SE 7 PL	e or pusiness	•	2500 SE									
HOMESTEAD FL	L 33033			EAD FL 33033				- {	56 40740		CDACE	
									DO NOT WR		SPACE	
									 Date Incorporated or Qualifed 06/28/1996 			
2. Principal Pl	lass of Division		2a Mail	ing Address					4. FEI Number		I An	plied For
	lace of Busin	ess	26	ing Address					65-0681441		— ↓	t Applicable
Suite, Apt.	#. etc.			e, Apt. #, etc.						1	\$8.75	Additional
22			27	`					-5,-Certificate of Status Desired		Fee Re	iquired
City & State	e		City	& State					6. Election Campaign Financing		\$5.00	
23			28						Trust Fund Contribution		Added t	to Fees
Zip	-	Country	Zip		Cou	intry			8. This corporation owes the cur	rent year In	tangible □Yes	□No
24		25	29		30	1			Personal Property Tax. 10. Name and Address of New	Pagistared		
	9. Name	and Address of Curre	ent Registered	I Agent		81	Name		IV. Name and Address of New	Kegistered	Agoin	
LEBO	DEUF, WAY	'NE D				Ш						
	SE 7 PL.					82	Street A	Addres	ss (P.O. Box Number is Not Accep-	able)		
HOM	ESTEAD FI	L 33033				83						
											7:- /	
						84	City			FL	85 Zip (Jode
office or r	egistered age	ent, or both, in the Stat	e of Florida. Su	uch change was a	authorized	d by t	he corpor	ration	ration submits this statement for the	pt the appo	intment % re	gistered
SIGNATURE	War	or printed name of register of a	ent and title if applic	abi. (NOTI	Registered	ſ₽	$\mathcal{L}_{\mathcal{D}}$.	46	when reinstating)	DATE	7/7/	
SIGNATURE	Signature, typy	or printed name of register of a	Reloe	abi. (NOTI	AYL	Agent	$\mathcal{L}_{\mathcal{D}}$.	46	chord o	DATE	7/7/	
SIGNATURE 12. TITLE	Signature, typy	or printed name of registered a	ent and title if applic	RS (NOTI	E: Registered	Agent TLE	$\mathcal{L}_{\mathcal{D}}$.	46	when reinstating)	DATE	ND DIRECTO	DRS IN 12
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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 suppliemental 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: