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PROFIT CORPORATION ANNUAL REPORT

1998

CICNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062910 (0) 1. Corporation Name

SWEN INTERNATIONAL, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4420 SHERIDAN AVENUE 4420 SHERIDAN AVENUE MIAMI BEACH FL MIAMI BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0686764 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LIPNIK, DAVID 4420 SHERIDAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84 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, typod or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE LIPNIK, DAVID NAME 1.2 NAME 4420 SHERIDAN AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-S1-ZIP 1.4 City-St-ZiP DELETE Change Addition 2.1 UTLE TITLE LIPNIK, LISA D. NAME 2.2 NAME 4420 SHERIDAN AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LIPNIK, ELIEZER 3.2 NAME 4420 SHERIDAN AVE. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI BEACH FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition | TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this Hing 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 of trustee emperioded 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 or an additional with an address.

4/22/99