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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067735

1. Corporation Name

INTERNA	ATIONAL BUILDERS INC.						
Principal Place	e of Business	Mailing Address			I SUMINAMI AM AMARIN MANIE BUTTE AMARI AMARI A	#118 @1111 (##11 1888#	11101 0117 1001
223 GOOLSEY	BLVD.	3231 FIESTA WAY					
DEERFIELD BEACH FL 33442 POMPANO BEACH FL 3306; US			32		50 1157 1157 1157		
US				DO NOT WRITE IN THIS SPACE			
					3. Date Ir corporated or Qualifed		
					08/14/1996		- ind Car
2. Principal Pi	Principal Place of Business 2a. Mailing Address				4. FEI Number	⊢	p ied For Applicable
		Suite, Apt. #, etc.			65-0685286 Not A		
Suite, Apt. #, etc.		— · ·			5. Certificate of Status Desired	Fee Red	
22 27 27 City & S ate City & S		City & State	ate		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	- II '	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.		[]No
	9. Name and Address of Cur		13		10. Name and Address of New Registe	re 1 Agent	
			81 N	ame			
	geron, denis		82 St	- L	ess (P.O. Box Number is Not Acceptable)		
3231 FIESTA WAY			02 3	ii cot Ad Ii	CSS (FO. DOX HUMBS) TO THOUS GOOD GOOD		
POM	IPANO BEACH FL 33062		83				
			84 C			85 Zip C	\ode
			04	ıty	i	FIL ** ** *	
office of ragent. I a	egistered agent, or both, in the Stam familiar with, and accept the oblined and accept the oblined familiar with an accept the oblined familiar with a state of registered agents.	ligations of, Section 607.0505, Fig	rida Statutes.		on's board of directors. I hereby accept the a		
12.		AND DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS	S / ND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	TREMBLAG, ANDRE		1.2 NAME				
STREET ADDRESS	ANA ARM AN DI AND		1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 3306	4	14 CITY-ST-ZIP				
TITLE	ST	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	BERGERON, DENNIS		2.2 NAME				
STREET ADDRESS	3231 FIESTA WAY		2.3 STREET ADD	RESS			
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	31 TITLE			Change	☐ Addition
NAME			3 2 NAME.				
STREET ADDRESS	DORESS		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	ĺ			
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u>'</u>			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			62 NAME]			

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 a mual 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 title empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)