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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOG

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90130 049 ***158.75

Applied For John Piles of Business Mailing Address S000 SW & ST MAME FL 39179-2204 S000 SW & S	1, Corporation	rel international, inc.							271 8181 81818 1 881 8181 81818 1	
Amage Company Compan	Principal Place	e of Business	Mailing Address							,g,,, Q191 1421
2. Principal Place of Business 2a. Mailing Address 4. FEI humber Applied For Applied For Suite, Apt. 4, etc. 26 Suite, Apt. 4, etc. 27 City & State 5. Certificate of Status Desired 10 \$5.75 Additional Fee Requiring \$5.00 May Be Suite, Apt. 4, etc. 27 City & State City &	9300 SW 62 ST. 9300 SW 62 ST.						THE PARTY OF THE P			
2. Principal Place of Business 2a, Mailing Address 4. FE Number Applied For 11. 26 Sullo, Apl. #, etc. Sullo					DO NOT WRIT			E IN THIS SDACE		
2. Principal Place of Business 22, Mailling Address 4. FEI Number Applied For Not Applicable 32, Mailling Address 4. FEI Number Applied For Not Applicable 32, Mailling Address 4. FEI Number Section 67, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10								IE III II III O	OFAOL	
22. Maling Address 23. Maling Address 24. FEI Number Applicable							· ·			
Suite, Apt. 8, etc. 2	2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		App	lied For
Suite, Apt. #, etc. 2 22 27 5. Contribute of Status Desired [D \$8.75 Additional Fee Required \$5.00 May 6 \$5.00 May 6	21						65-0693373		Not	Applicable
City & State							s Certificate of Status Desired	TD/		-
Zip Country Zip Country Zip Country Similar Contribution Added to Fees Added to Fees Zip	22	27			د . باد : ها حاد	- +	5. Certificate of Calabo Double			
Zip Country Zip Country Zip Country		,								
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and eacept the obligations of, Section 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and eacept the obligations of, Section 607 0505, Florids Statutes. 11, Pursuant to the provisions of Section 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and eacept the obligations of, Section 607 0505, Florids Statutes. 12, Pursuant to the provisions of Section 607 0505, Florids Statutes. 13	Zip	Country	Zip	Countr	У		8. This corporation owes the curr	ent year Int		_
BARBETTO, VIRIDIAN 7195 EAST LAGO DRIVE CORAL GABLES FL 33143 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the septement as registered agent, and an amiliar with, and accept the obligation of, Section 607,9505, 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 office or registered agent, or both, in the State of Florida. Such change authorized by the corporation's board of directors. I hereby accept the appointment as registered office of registered agent, or both, in the State of Florida. Such change authorized by the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the corporation's boa	24			0 .						LJNo
BARBETTO, VIRIDIAN 7195 EAST LAGO DRIVE CORAL GABLES FL 33143 82 Street Address (P.O. Box Number is Not Acceptable) 83 BB		9. Name and Address of Curren	t Registered Agent	-	I Ne		10. Name and Address of New F	tegistered .	Agent	
T185 EAST LAGO DRIVE CORAL GABLES FL 33143 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abvorve-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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PVPD DELETE 1.1 TITLE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SIRRETADORESS OFFICERS AND DIRECTORS IN 12. SIRRETADORESS 1.3 SIRRETADORESS OFFICERS AND DIRECTORS IN 12. SIRR	DAD	PEITO VIDIDIANI		8	Name					
### City ###				82	2 Street A	Addre	ess (P.O. Box Number is Not Acceptable)			
### City ### Land #				91						
T1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Flurida 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 objects of the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed runner of registered agent and size if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 11. TITLE 13. TITLE 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 18. TITLE 19. TITLE 19	CON	INC CABLES I C 00140)°`	'					
office or registered agent, or both, in the State of Florida. Suction 607/95/05/05/05/05/05/05/05/05/05/05/05/05/05				- 1	' '				,	
TITLE PVPD DELETE 1.1 TITLE Change Addition NAME BARBEITO, VIRIDIAN C 1.2 NAME STREET ADDRESS OCTY-ST-ZP MIAMI FL 33173-2304 1.4 CITY-ST-ZP TITLE DTS DELETE 2.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZP Change Addition NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE ADDRESS CITY-ST-ZP DEL		·			ent signature re	quired			ID DIRECTO	RS IN 12
NAME BARBEITO, VIRIDIAN C STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173-2304 14 CITY-ST-ZIP TITLE DTS DELETE 21 TITLE DTS DELETE 22 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173-2304 14 CITY-ST-ZIP DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 34 CITY-ST-ZIP TITLE AL CITY-ST-ZIP TITLE AL CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 34 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE NAME STREET ADDRESS							ADDITIONAL PRINTERS TO ST	I IOLING TO		
STREET ADDRESS SAURE STREET ADDRESS SAURE STREET ADDRESS STREE		1 7 22 =		1.2 NAME	.					
MIAMI FL 33173-2304			•	1.3 STREI	ET ADDRESS		·			
DTS		•		1.4 CITY-	ST-ZIP					
STREET ADDRESS 9300 SW 62 ST. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			☐ DELETE	2.1 TITLE			•		Change	Addition
CITY_ST_ZIP	NAME	BARBEITO, VIRIDIAN C		2.2 NAME	.					1
TITLE	STREET ADDRESS			2.3 STREI	ET ADDRESS					
NAME	CITY-ST-ZĪP	MIAMI FL: 33173-2304*				• •			Change	- Addition
STREET ADDRESS	TITLE	1	☐ DETE!!E						☐ Change	L. Addition
34. CITY-ST-ZIP		İ		ı	l l					
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 52 NAME 52 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE Addition			•			• •				
NAME			□ DELETÉ				. <u></u>		Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			_							
CITY-ST-ZIP										
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS				i i						
STREET ADDRESS	TITLE		☐ DELETE	-			**************************************		Change	☐ Addition
5.4 CITY-ST-ZIP	NAME			5.2 NAME						
TITLE G.1 TITLE G.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS									
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP								По:	T Addm -
STREET ADDRESS 6.3 STREET ADDRESS			☐ DELETE						□ Change	☐ waganou
				1			,			
6.4 CITY-ST-ZIP	STREET ADDRESS]

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 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 attactiment with an endress, with all other like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR