CR2E034 (11/98)

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074806

ACTA INTERNATIONAL, INC. ASIA INTERNATIONAL INC.

Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

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Principal Place of Business 2852 SOUTH EDGEHILL LANE 2852 SOUTH EDGEHILL LANE COOPER CITY FL 33026 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/06/1996 App led For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0690960 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 This corporation owes the current year Intangible
Personal Property Tax.
Yes Zip Country Zio Country Yes Personal Property Tax. 30 29 24 10. Name and Address of New Registere J Agent 9. Name and Add ess of Current Registered Agent HLIETHER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2852 SOUTH EDGEHILL LANE COOPER CITY FL 33026 83 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI: Registered Agent signature required when reinstating) Signature, typed or printed nai ve of registered agent, and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE TITLE HUETHER, ROBERT 1.2 NAME NAME 2852 SOUTH EDGEHILL LANE 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 1.4 CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRE 3S 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change DELETE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 innual 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address, with a Tother like empowered.

SIGNATI (FAND TYPED OF UNINTED NAME OF SIGNING OFFICE): OR DIRECTOR