

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90020 047 ***150.00

DOCUMENT # P96000078124

1. Corporation Name

INTERNATIONAL FINDS, INC.

Principal Place of Business

PO BOX 562393
MIAMI FL 33256

Mailing Address

PO BOX 562393
MIAMI FL 33256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

65-0710723

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JIMENEZ, ADOLFO
C/O HOLLAND & KNIGHT
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
JIMENEZ, MARGARITA
STREET ADDRESS **13561 SW 112TH AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **S**
JIMENEZ, JOSE I
STREET ADDRESS **13561 SW 112TH AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **T**
FAULKENBERG, ULRKE
STREET ADDRESS **4415 POST AVE.**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE ☐ DELETE

NAME **V**
LORENZO, LORENZO
STREET ADDRESS **4716 ALTON ROAD**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ DELETE

NAME **V**
MUCARSEL, MONIKA
STREET ADDRESS **5740 SW 84 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE

NAME **D**
GRESSIER, STEPHANE
STREET ADDRESS **5740 SW 84 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Monika Mucarsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIKA MUCARSEL

MARCH 10 - 99 (307) 688-9018

Date

Daytime Phone #

CR2E034 (11/98)