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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 11 1998 8:00am Secretary of State

Cau	OF FLORIDA INT'L MARKE	TING CORP			
Principal Plac	e of Business	Mailing Address		I INCLUSE IN INCLUSE SILL SELVE SELVE SELVE	INDIA 1814 BOHR BITAL BITLINGS
8357 W. FLAGLER STREET STE 352 8357 W. FLAGLER STREE MIAMI FL 33144 MIAMI FL 33144			ET STE 352	DO NOT WOLLD IN THE	UD 00405
				DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE
				09/24/1996	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ROO OF BUSINESS	26		65-0696702	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	<b>Z</b> ip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registers	d Agent
	Lesias, adolfo e		81 Name		
12010 SW 97TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MU	AMI FL 33186-2606				
			63		
			84 City		85 Zip Code
			John Oilly	F	L   50 2.15 5050
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligation	2 and 607.1508, Florida Statut of Florida, Such change was a ations of Section 607.0505. Florida	es, the above-named cor authorized by the corpora orida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
-	and the time to th	anorra 01, 000001, 001 10000, 1 1	orran oracido.		
SIGNATURE	Signature, typed or printed name of registered age	ot and title II applicable (NOT	E. Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	ABUSAID, CARLOS	_	1.2 NAME		
STREET ADDRESS	210 W. PARK DRIVE APT 104	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33172		1.4 CITY-ST-ZIP		
TITLE	DT	DELETE	2.1 TITLE		Change Addition
NAME	ENCALADA, ROBERTO		22 NAME		
STREET ADDRESS	13701 SW 106 ST.		2.3 STREET ADDRESS	w. r	
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	.,75		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEFE1E	5.1 TITLE		Change Addition
NAME			52 NAME		Ì
STREET ADDRESS			5 3 STREET ADDRESS		
CFTY - ST - Z#P			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS	_	Ì
CITY-S1-Z#			6.4 CITY-ST-ZIP	)	
14. I hereby o	certify that the information supplied wi	ith this fiting does not qualify for	or the exemption glated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on inits annual report or supplemental annual report is rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the roceiver 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.