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 # **P96000080678**

1. Corporation Name

rs intei	RNATIONAL TRADING, COH	iP.					
Principal Place	of Business	Mailing Address			i indiidet tre tarre drift dette sein sein abur maint	,	
428 NW 47TH ST . 428 NW 47TH ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064				و يو ساند و ۱۹۵۹	DO NOT WRITE IN THIS	SPACE	a i e
					3. Date Incorporated or Qualifed 09/27/1996		
Principal Place of Business Za. Mailing Address					4. FEI Number	12.7	lied For
21	26				65-0701706	\$8.75 A	Applicable
Suite, Apt. i	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Rec	quired
City & State	& State City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		, ,	
Zip	Country 25	Zip Country 29 30			This corporation owes the current year Int Personal Property Tax.	angible □Yes ¶	No _
24	.1				10. Name and Address of New Registered	Agent	
Name and Address of Current Registered Agent			81	Name			
SANDOVAL, ROSANA 428 NW 47TH ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064			83		2.5	3 3 3	
	.,					lest Zie C	
			84	1 ′	FL	85 Zip C	
office or reagent. I as	egistered agent, or both, in the State of the obligation of the ob	tions of, Section 607.0505, Florida S	Statutes	i.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint the appoin	ntment as reg	istered
	Signature, typed or printed name of registered ager		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AN		I.1 TITLE		ADDITIONS/CITATIONS TO OTHIS ENGINE	Change	Addition
TITLE	SANDOVAL, ROSANA	_	.2 NAME				
NAME	428 NW 47TH ST			TADDRESS			
STREET ADDRESS	POMPANO BEACH FL 33064		.4 CITY-S				
CITY-ST-ZIP	PUMPANO BEACH PL 33004		2.1 TITLE	11-211		Change	Addition
TITLE			2.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			2. 4 CITY-ST-ZIP				
CITY-ST-ZIP	,		3.1 TITLE	3)-Eii		Change	☐ Addition
TITLE		_	3.2 NAME				
NAME	H1 (15)		3.3 STREET ADDRESS		•		ì
STREET ADDRESS	•		3.4. CITY-ST-ZIP				
CITY-ST-ZIP			4.1 TITLE			Change	Addition
TITLE			4. 2 NAME				
NAME			4.2 NAME 4.3 STREET ADDRE				ì
STREET ADDRESS							ļ
CITY-ST-ZIP			4.4 CITY-5 5.1 TITLE	51-ZIP		☐ Change	☐ Addition
TITLE			5.2 NAME			•	_
NAME				T ADDRESS			}
STREET ADDRESS	REET ADDRESS		5.3 STREE 5.4 CITY-1			•	
1	1 ,		5.4 UNY-	31-ZIF			[

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 rustee 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. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90062 050 ***158.75

Addition