## FILE NOW: FILING FEE AFTER MAY 1 IS: \$225:00

PROFIT
CORPORATION
MINNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997
DOCUMENT #

P96000083514.

ALL INTERNATIONAL COMPANY

FILED
Jun 20 1997 8:00am
Secretary of State

	··		_		
Principal Place of Business Mailing Address					
8235 NW 64 ST	8235 NW 64				
UNIT 3	UNIT 3				
MIAMI FL 33.136	MIAMI FL 3	3. Date Incorporated or Qualified 3a. Date of Last Report			
			10/07/96		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21 141 NE # 3RD AVE	26 141 NE 3 RD	AUD	65-0704624 Not Applicat	ble	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	AVE	\$0.75 Additional		
22 SUITE 206	27 SUITE 206		5. Certificate of Status Desired Fee Required		
City & State	City & State	THE R. P. LEWIS CO., LANSING MICH.	6. Election Campaign Financing \$5.00 May Be		
23 MIAMI FL	28 MIAMI FI.	ı	Trust Fund Contribution Added to Fees		
Zip Country	Ζiρ	Country	8. This corporation has liability for intangible tax under s 199.032,		
24 33.132 25 DADE	29 33,132 3	DADE	Florida Statutes 🔀 Yes 🗌 No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ALL INTERNATIONAL COMPA	NV	81 Name	L BUSINESS LEOPL		
	., .	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
144 NE 3 RD AVENUE	÷		E BRO AVENUE		
SUITE 206		B3 Ch -T-11	FLOOR		
MIAMI FL 33.132-	0000	84 City			
r		- $	ທ ( FL   33.13.2	ا را	
11. Pursuant to the provisions of Sections 607,0502	nd 607.1508, Florida Statutes, t	he above named corpora	ation submits this statement for the purpose of changing its registered of d of directors. I hereby accept the appointment as registered agent. I am	fice	
or registered agent, or both, in the state of Floring familiar with, and accept the obligations of Seglio	i. Such grange was authorized t g 607:0505, Florida Statutes ()	y the corporation's board ▶ 1/	d of elrectors. Thereby accept the appointment as registered agent. Fam	1	
SIGNATURE Y	Malland 194	Mc.		- 1	
Signatura, typed of printed name of registered agent at		gintered Agont signature required	t when reinstating) DATE	.	
12. OFFICERS AND	DIRECTORS	<sup>1</sup> 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	DELETE	1 1 TITLE	Change Additio	n.	
NAME ČESAR JR ROBERTO 141 NE 3 RD AVE	O OPIARIKA	1 2 NAME		ľ	
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP SUITE 206 MIAM	1 1 1 33.132	1.4 CiTY-ST-ZiP			
TITLE VD	☐ DEFELLE	2 1 TITLE	☐ Change ☐ Additio	.n	
NAME VALERIA VEIGA		2 2 NAME			
REET ADDRESS 141 NE 3 RD AVENUR		2 3 STREET ADDRESS		1	
CITY-ST-ZIP MIAMI FL 33	.132	2.4 CiTY-ST-7IP			
TITLE	☐ DELETE	3. 1 TITLE	Change Additio	n .	
NAME		3.2 NAME		}	
STREET ADDRESS		3.3. STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY - S1 - ZIP			
TITLE	☐ DELETE	4 1 TITLE	Change Additio	n	
NAME	:	4.2 NAME			
STREET ADDRESS	į	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP	Λ		
TITLE	☐ DELETE	5. 1 1IILE	☐ Change ☐ Additio	n	
NAME		5.2 NAME	AI , $I$ , $I$		
STREET ADDRESS		5.3 STREET ADDRESS	CAH/1/2XD	<u></u>	
City-St-ZiP		5.4 CITY - ST - ZIP	7/1/14/20/90	Y	
TITLE	DELETE	6. 1 TITLE .	Change Addition	~	
NAME		6.2 NAMŁ	400002219624		
STREET ADDRESS		6.3 STREET ADDRESS	400002219624 -06/23/9701075022		
CITY-ST-ZIP		6.4 CITY - ST - ZIP	***165.00		
14. I do hereby certify that the information supplied wi	th this filing is voluntarily furnishe	d and does not qualify fo	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		

4. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #