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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000086191**1. Corporation Name

INFOHOUSE INTERNATIONAL CORPORATION

Principal Place	e of Business	Ma	ailing Address				- 1 70039201 210 10510 41111 00111 10111 00511 1	IOLOI LOILE OLI	B) HUIU II	
220 71ST ST	· · ·	220	71ST ST]	•		
STE 217/221 STE 217							DO NOT WRITE IN THIS SPACE			
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141							3. Date incorporated or Qualifed			
US US										
2 Data de el Di	Land of Decisions	22	Mailing Address				10/18/1996 4. FEI Number		App	lied For
-	ace of Business	—	Malling Address				65-0708290	-		Applicable
Suite, Apt.	# oto	26]_	Suite, Apt. #, etc.				03-0700230	\$8		ditional
⊢	#, 6 10.	27	oute, Apt. #, oto.				5. Certifcate of Status Desired	•	ee Req	
City & State	<u> </u>		City & State				6. Election Campaign Financing	\$4	5.00 A	lay Bo
23		28					Trust Fund Contribution		dded to	
Zip	Country Zip			Country			This corporation owes the current year Intangible			
24	25	29	•	30			Personal Property Tax.	ŬYe		□No
<u>, , </u>	9. Name and Address of Curre		tered Agent				10. Name and Address of New Registe	red Agent		
					81	Name	- 			
CRUZ, JOSE O					82	Street Addre	see (P.O. Box Number is Not Acceptable)	<u> </u>		
3484 SW 53RD COURT					82 Street Address (P.O. Box Number is Not Acceptable)					,
HOL	LYWOOD FL 33312				83	1.7			_	
				ļ				los I	Zin C	
}	•				84	City		FL 85	Zip C	, de
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	es, the a	bove	e-named corpo	ration submits this statement for the purpos	e of changi	ng its r	egistered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Floric	ta. Such change was a	uthorized	l by 1	the corporatior	n's board of directors. I hereby accept the a	ppointment	as regi	stered
	in familial with, and accept the cong	audits of,	0000011001.0000,116	100 000		•				
SIGNATURE	Signature, typed or printed name of registered at	ent and title	if applicable. (NOTE	Registered	Ageni	t signature required	when reinstating) DATI	E		
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIR	ECTOF	RS IN 12
TITLE	DP		☐ DELETE	1.1 113	ΝE		· · · · · · · · · · · · · · · · · · ·	i Ch	ange	☐ Addition
NAME	CRUZ, JOSE O			1.2 NA	ME	1				Ţ
STREET ADDRESS	3484 SW 53RD COURT			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33312			1.4 CT	TY-S!	r-ZIP				\ \
TITLE	DT		☐ DELETE	2.1 TI				<u> </u>		
NAME	MESQUITA, VALMIR M		□ perere		ILE				ange	Addition
STREET ADDRESS	PAULA MORAES 720 #320.8		C pereir	2.2 N					ange	Addition
CITY+ST-ZIP	=	FORT.	_		ME	ADDRESS	· .	C+	nange	Addition
	CEP. 60.155170	FORT.	_		ME REET				ange	Addition
TITLE	CEP. 60.155170 DS	FORT.	_	2.3 ST	NME REET					Addition Addition
NAME	DS	FORT.	CE	2.3 ST 2.4 C	NME REET TY-S					
6	DS CRUZ, MARIA DO CARMO	FORT.	CE	2.3 ST 2.4 Cl 3.1 TFl 3.2 N/	ME REET ITY-S' ILE ME		· · · · · · · · · · · · · · · · · · ·			
NAME	DS CRUZ, MARIA DO CARMO 3484 SW 53RD COURT	FORT.	CE	2.3 ST 2.4 Cl 3.1 TFl 3.2 N/	TREET TY-S' TLE WIE TREET	T-ZIP ADORESS				
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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 a second with a seco

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS