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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087418 (5)

## **FILED** Jan 15 1998 8:00am Secretary of State

FLORI	DA INTERNATIONAL CORF	PORATION			 	18   18     18   18   18   18   18   18
Principal Plac	ee of Business	Mailing Address				
17278 SW 139 COURT 17278 SW 139 COURT MIAMI FL 33177 MIAMI FL 33177				DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualified	TIIS STAGE
					10/23/1996	
L '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			65-0703179	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
<del></del>		City & State	City & State			Fee Required
<b>├</b> ─┐ <sup>*</sup>		28	ry & Sidio		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country	,	8. This corporation owes or has paid th	
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	ered Agent
ľ	MERILAWYER CHARTERED		81	Name		
343 ALMERIA AVENUE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
CC	DRAL GABLES FL 33134		83			
•			03			
			84	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 507.05 registered agent, or both, in the Stat m familiar with, and accept the oblining state of the state				poration submits this statement for the purpo- lion's board of directors. I hereby accept the	
12.		ND DIRECTORS	13.	in signature requ	red when reinstating) O/ ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1 1 TITLE			☐ Change ☐ Addition
NAME	<b>G</b> RACIA, HERMAN		1.2 NAME			
STREET ADDRESS	17278 SW 139 COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY - S	T- ZIP		
TATLE	\$TD	☐ pelete	2.1 TITLE			Change Addition
NAME	47070 014 400 001107		2.2 NAME			
STREET ADDRESS	MIAMI FL 33177		23 STREET	ļ		
CITY-ST-ZWP	DELETE		2.4 CITY-S 3.1 TITLE	ST - ZIP	- WWW.	Change Addition
NAME		32 N				
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	#P		3.4. CITY - S	51- <i>2</i> (P		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST	T- 21P		
TITLE		DELETÉ 5.1 TH				Change Addition
NAME etheet annocce			5.2 NAME	4000000		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET	1		
TITLE			54 CITY-ST	1 · ZII'		Change Addition
NAME		hazari 4.4 ma 7 m	6 2 NAME			Contrado El Madio(ii)
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CHY- ST			
dd lbaral	. 49 . 6 . 4	211 15 7 732 1 1 1 1 1 1 1 1 1				

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 trusted 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 an an address.

1/3198/305-8633377