Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90123 020 ***150.00

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 # P96000089058

CITY-ST-ZIP

SITE AS	SSESSMENT INTERNATIONA	AL CORPORATION								
Principal Plac				· (#8119 as 119 (8118 BITH B\$/11 BB/11 BB/11		******	· •(101 101 100)			
9990 SW 77 AVE 9990 SW 77 AVE										
SUITE 208 SUITE 208 MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE				
US US						3. Date ncorporated or Qualifed				
						10/25/1996				
2. Principal Place of Business 2a. Mailing Address				•		4. FEI Number		Aţ	plied For	
21		26	26			65-0705829		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	of Status Desired Sa.75 Additional Fee Required			
City & Stat	City & State	ate			6. Election Campaign Financing		\$5.00	May Be		
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country		8. This corporation owes the current	year Inta	_=		
24	25	29	30			Personal Property Tax.		Yes	No	
	9. Name and Address of Curren	t Registered Agent		B1	Name	10. Name and Address of New Reg	istered /	Agent '	·	
WOI	LLMANN, JENNIFER		'	ָר'ים ו	Name					
	09 S.W. 60TH AVENUE		[8	82	Street Aildre	ess (P.O. Bo:: Number is Not Acceptable	;)			
	MI FL 33156		-	B3						
			[4	84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	and 607.1508, Florida Statu	tes, the abo	OV6-1	named corpo	ration submits this statement for the pur	pose of	changing its	registered	
oπice α r agent. La	egistered agent, or both, in the State in familiar with, and accept the obligation	ে Florida. Such change was t ons of, Section 607.0505, FI	autnorizea i orida Statut	OY IN 185.	e corporatio	n's board of directors. I hereby accept the	ie appoir	nmeni as re	gistered	
SIGNATUF E										
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Re				gent si	ignature required	when reinstating)	DATE	D DIDEOTO	V. C. IN 40	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	EKS AN	Change	Addition	
NAME	WOLLMANN, JENNIFER		1.2 NAM					oaa.a		
STREET ADDRESS	10109 S.W. 60TH AVENUE				DDRESS					
CITY-ST-ZIP	MAAN EL OOJEO		1		1				}	
TITLE	D			1.4 CITY-ST-ZIP 2.1 TITLE				Change	☐ Addition	
NAME	POMENTA, MARISELA			22 NAME					_ {	
STREET ADDRE 3S	AAAA AANA TERRAACE		2.3 STR	EET AD	DORESS				1	
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CfTY							
TITLE		☐ DELETE	3.1 TITL	_				☐ Change	Addition	
NAME			3.2 NAM	ΙE						
STREET ADDRESS			3.3 STR	EET AC	DDRESS					
CITY-ST-ZIP		- <u> </u>	3.4. CITY	Y-ST-Z	ZIP					
TITLE	· 	☐ DELETE	4.1 TITL	É	}			Change	☐ Addition	
NAME			4. 2 NAN	Æ						
STREET ADDRESS			4.3 STRI	EETAC	DDRESS					
CITY-ST-ZIP			4 4 CITY		IP					
TITLE		☐ DELETE	1	5.1 TITLE				Change	Addition	
NAME			5.2 NAM		DODGGG					
STREET ADDRES 3			5.3 STR		!				}	
CITY-ST-ZIP		5.4 DELETE 6.1						☐ Change	Addition	
TITLE		fT perets	6.1 MAM					☐ Change	□ vagiliou	
NAME					DDRESS				-	
STREET ADDRES 3			0.5 5 IKI	LLIAL	NONEON					

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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

Jennifer Wellmann 4/2/0/99