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 # **P96000096338**1. Corporation Name

FORTEX INTERNATIONAL CORP.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90009 010 ***150.00



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Principal Place	of Business	Mailing	Address			. 19911401 119 12110 21111 23111				
363 GRANELLO			ANELLO AVENUE							
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						11/26/1996				
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		App	lied For	
24		26	-			59-3409607		Not	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 A		
22		27	27			Certifcate of Status Desired Fee Required				
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30	<u>,</u> 0		Personal Property Tax.			□No	
	9. Name and Address of Current	Registere	d Agent	81	Name	10. Name and Address of Nev	v Registered A	vAeur	·	
DDA:	MT RADDY M	2/7	+ , - ^k + *	81	Name		-			
BRANT, BARRY M. ONE SOUTHEAST THIRD AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)					
15TH FLOOR					83					
	1 FL 33131			63]				周日間	
MAR	M (E 00 10)	•		84	City	Rect S. Th Street Street		85 * Zip C	ode *****	
	to the provisions of Sections 607.0502		EDS Florid- Statuta	the che:	n named com	oration submits this statement for t	he numose of a	thanging its	registered	
office or r	enistered agent, or both, in the State o	f Florida 'S	auch change was auth	norized by	the comoratio	on's board of directors. I hereby ac	cept the appoin	tment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Se	ction 607.0505, Florid	a Statute	5.			•		
SIGNATURE	Charles had in sected as a second sec	and title # ac-	iceble (MOTE: De	anistarad Ace	nt signature required	d when reinstating),	DATE		<u>·</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13					agriculate requirer	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12	
TITLE	D OFFICERS AND		DELETE	1.1 TITLE		13-2181617		Change	Addition	
NAME	STENSTROM, CRISTIAN G			1.2 NAME		ેલે હતે. પી			. }	
STREET ADDRESS	363 GRANELLO AVENUE			1	T ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-5	.	•				
TITLE			☐ DELETE	2.1 TITLE		,		☐ Change	Addition	
NAME	•			2.2 NAME				•	.	
STREET ADDRESS				2.3 STREE	ET ADDRESS				.	
CITY-ST-ZIP				2. 4 CITY-			•			
TITLE			☐ DELETE	3.1 TITLE			-	Change	Addition	
NAME : S				3.2 NAME						
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CITY-ST-ZIP.	ER 2001			3.4. CITY-	ST-ZIP			्राप्त हुता है. इतिहासिक स्थाप		
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				4. 2 NAME	:					
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CITY-ST-ZIP			•	4.4 CITY-	ST-ZIP	·				
TITLE			☐ DELETE	5.1 TITLE	*			☐ Change	Addition	
NAME			•	5.2 NAME		A contract of the second				
STREET ADDRESS				5.3 STREE	ET ADDRESS				j	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE	But the facilities of the second	<u></u>	☐ DELETE	6.1 TITLE		•		☐ Change	☐ Addition	
NAME	Fatible Land College	: .		6.2 NAME						
STREET ADDRESS	实现的 "她是这一一样"	. •		6.3 STREE	ET ADORESS	•				
CITY-ST-ZIP		•		6.4 CITY-	ST-ZIP				·	
0111-01-2IP				_H	<u> </u>			14 11 11 1		

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.

