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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101154 (8)

CCN INTERNATIONAL, INC.

1200 W. AVE., STE, 810

Principal Place of Business

Mailing Address

1200 W. AVE., STE, 810

FILED May 06 1997 8:00am Secretary of State



23/04/97

Daytime Phone # 0003376

| | | MIAMI BEACH FL 331394 | 131 <i>f</i> | | | | | |
|---|---|---|---|--|---|----------------------------------|-----------------------------|----------------------------|
| | | | | | 3. Date Incorporated or Qualified 12/16/1996 | 3a. Date o | f Last Re | port |
| 2. Principal Piace of B | usiness | 2a. Mailing Address | | | 4. FEI Number | | Apr | olied For |
| 1 | | 26 | | | 650716092 | | Not | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | <u>\$</u> \$ | 8.75 A Fee Rec | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | Vay Be |
| 3 | | 28 | | | Trust Fund Contribution | | Added to | |
| Zιρ | Country | Zip | Coun | try | 8. This corporation has liability for | | | 199.032, |
| 4 | 25 | 29 | 30 | ······································ | | xd Yes ∐ N | | |
| | me and Address of Curren | il Registered Agent | | | 10. Name and Address of New R | egistered Age | nt | |
| navas, fab | | | Į* | Name | | | | |
| 1200 W. AVE., STE. 810 | | | ŧ | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI BEAC | H FL 33139 | | L | | | | | |
| | | | 8 | 3 | | | | |
| | | | l'i | 4 City | | . 6 | 5 Zip C | ode |
| • | | | | , | | FL ~ | - | ••• |
| office or registered agent. I am familia | Lagent, or both, in the State | of Florida. Such change was ations of, Section 607.0505, F | authorized | by the cord | corporation submits this statement for the poration's board of directors. I hereby acce | ept the appoint | ment as i | egistered |
| SIGNATURE Signative I | spector printed name of registered age | ent and title if applicable INC |) TE Registered | Agent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIF | RECTOR | S IN 12 |
| | | | | | | | 0 | |
| TILE DP | | ☐ DELETE | 1.1 TITE | E | Dana (Labiala | H. 🕨 | Change | Addition |
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| NAVE NAVAS STREET ADDRESS 1200 V GITY - ST- ZIP MIAMI HILF DVT NAME CALLE | W. AVE., STE. 810 BEACH FL 33139 | | 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM | IE EET ADDRESS (~ST-ZIP E | | (1) | | |
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