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

FILED Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90009 005 ***558.75

DOCU	MENT # P960001	01350				
1. Corporation	n Name International Interne	+ Services Coca	o /			
cendall -	International similar	i services con		* 5 69401 - 9000	, i g	•
				* 569401 - 9000	9-3	
Deigning Dies	of Projects	Mailing Address		_		
•	ce of Business		sa st			
14155 SW 163 TECT 13727 SW 1			02 311			
Miami	FL 33177	Suite 263		DO NOT WRITE IN TH	IS SPACE	
	,	Miani FL 3.	3177	3. Date Incorporated or Qualifed		
				111197		
2. Principal F	Place of Business	2a. Mailing Address	163 Terr	4. FEI Number 65-0714549	⊢	oplied For ot Applicable
Suite, Apt.	# etc	26 14155 5W Suite, Apt. #, etc.	100 101		\$8.75	
22 Suite, Apr.	. 	27		5. Certifcate of Status Desired	Fee Re	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23	_ - -	28 Mtamt-	FL	Trust Fund Contribution	Added.t	· 1
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24	25		30 () 5	Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Currer		94 Name	10. Name and Address of New Registere	d Agent	
Λ	merilawyer Cha 343 Almeria Av	ctered	81 Name			
PI	mer mager ora	4-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	343 Almeria Al	le	83			
C	oral Gables, FL	33134				
	1- (Cac)	,	84 City	F	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es, the above-named con	poration submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the State	of Florida. Such change was au	ithorized by the corporati	on's board of directors. I hereby accept the app	ointment as re	gistered
	am familiar with, and accept the obliga	mons of, Section 607.0303, Flor	ida Siaidies.			J
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PISITID	☐ D€LETE	1.1 TITLE		☐ Change	☐ Addition
NAME	Johns Allyce S 14155 Sw 163 Terr		1.2 NAME			
STREET ADDRESS	14185 SW 163 TER		1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33177	/ Delete	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	[☐ DELETE	2.1 TITLE		□ Citalige	□ ∧oditoii
NAME			2.2 NAME			l I
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE	· ·		3.2 NAME			
NAME STREET ADDRESS		•	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	3		5.3 STREET ADDRESS			Í
CITY-ST-ZIP		□ 05, 575	5.4 CITY-ST-ZIP 6.1 TITLE	<u></u>	Change	Addition
TITLE		☐ DELETE	6.2 NAME		☐ Change	
NAME			6.3 STREET ADDRESS			1
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	L		0.4 OH 1-01-2F			

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.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-99

305-25/-3487 Daytime Phone # 22F034 (11/98)