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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000102779 (1)

**\$OLD INTERNATIONAL, INC.** 

Principal Place of Business		Mailing Address				***************************************	, , , , , , , , , , , , , , , , , , , ,			
	192 andrea Blvd. Drlando fl 32807		5192 ANDREA BLVD. ORLANDO FL 32807-1305							
						3. Date Incorporated or Qualified 12/23/1996	3a. Date	of Last Report		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26				59-3434875		Not Applicable		
Sulte, Apt. #	, etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees		
Zip	Country 25	Zip 29	30 Co.	intry		8. This corporation has liability for i	ntangible ta ] Yes 🏻			
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Ag	jent		
	IET, EDWIN			81	Name					
	andrea Blvd. NDO FL 32807		Ē			Street Address (P.O. Box Number is Not Acceptable)				
OILD)	100 1 6 02001			83						
				84	City	A 10 a 11	FL	85 Zip Code		
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Florida	a Statutes, the a	bove	-named corp	poration submits this statement for the pripers beard of directors. Thereby accer-	ourpose of c	hanging its registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOIE: B	egistered Agent signature	ruguired when reinstating) DA	π			
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	DELETE	1.1 TOLE	TREASURER / SECRETARY	Change	Add tion		
NAME	ESPINET, EDWIN		1.2 NAME	TREASURER / SECRETARY LOYDA T. EspineT 5192 ANDION BING ONLANDO FIA. 32807				
STREET ADDRESS	5192 ANDREA BLVD.		1.3 STREET ADDRESS	5192 ANDION BIVE				
CITY-ST-ZIP	ORLANDO FL 32807		1.4 C(1Y - ST - Z)P	ORIANDO FIA. 32807				
TITLE		DELFTE	2.1 THLE		Change	Addition		
NAME			2 2 NAME					
STREET ADDRESS			23 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY - ST - ZIP					
TITLE		DELETE	3 1 TITLE		Change	Addition		
NAME			3.2 NAME	•				
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETÉ	4.1 TITLE		Change	Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP					
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 THLE		Change	Addition		
NAME			G.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY OT 710	1		6.4 City - \$1 - 7/P					

14. I do 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 input report is tox, and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the correlation or the teceived of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name