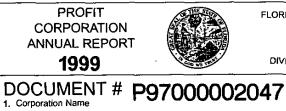
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90066 016 \*\*\*150.00

tai gwi	ERNATIONAL, INC.											
Principal Place	e of Business	*	Mailing Address	s				1 1981/1981 118 1811/1 1881/1981	iii <b>sa</b> iii <b>sa</b> iii	. <b>88</b> )(8 )(8)( 88)( 8)	(81) (88) (88)	
1627 BRICKELL AVE SUITE 1203 MIAMI FL 33129 US			1627 BRICKELL AVE SUITE 1203 MIAMI FL 33129 US					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
00		· ·	50					01/02/1997			-	
2 Principal P	lace of Business	a. Mailing Address					4. FEI Number		Apr	olied For		
2. Timopai Faso of Edsirioso			26					NOT APPLICABLE		<del></del>	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				:	5. Certificate of Status Desired		\$8.75 Ac		
City & State			City & State					6. Election Campaign Financing		\$5.00 A	May Be	
23			28					Trust Fund Contribution		Added to		
Zip	Country		Zip		Country			8. This corporation owes the curr	ent year In	itangible		
24	25	2:	9	3	0			Personal Property Tax.		Yes [	□No	
	9. Name and Address	of Current Reg	zistered Agent	!				10. Name and Address of New I	legistered	Agent		
					81	Name						
Louis, Jonathan 1627 Brickell Ave					82	Street	Addres	Address (P.O. Box Number is Not Acceptable)				
#1203					83							
MIAMI FL 33129					84	City				85 Zip C	ode	
									FL	L   "	. }	
agent. I a SIGNATURE	m ramiliar with, and accept	registered agent and t	of, Section 607	.0505, Flund	egistered Ager	-	_	ration submits this statement for the 's board of directors. I hereby acception when reinstating)	DATE			
12.		ICERS AND DI		DELETE	13.	<del></del>	τ —	ADDITIONS/CHANGES TO OF	FICERS A	Change	Addition	
TITLE	PD		LJ I	DELETE						- Grange		
NAME	LOUIS, MATTHEW	#1000			1.2 NAME		ļ	·			1	
STREET ADDRESS	1627 BRICKELL AVE.,	#1203				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33129		<u> </u>	DELETE	1.4 CITY-\$	1-ZIP	126	Chuirman S D	<del></del>	Change	Addition	
TITLE	,		٠.	DECETE	2.2 NAME			NATHAN LOUIS				
NAME					1	. ADDOESS	30	NATHIN DUNE	IVE.	#1203		
STREET ADDRESS					2.3 STREET		1 6	MIAMI FL 331	, 4			
CITY-ST-ZIP				DELETE	2.4 CITY-S 3.1 TITLE	1-219	<del>                                     </del>			Change	Addition	
TITLE NAME			3	<b>DL</b>	3.2 NAME		}			_ ,	_ }	
STREET ADDRESS					3.3 STREET	ANDRESS						
					3.4. CITY-S							
CITY+ST-ZIP TITLE				DELETE	4.1 TITLE	11-237	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME					4.2 NAME							
STREET ADDRESS					4.3 STREET	ADDRESS						
CITY-ST-ZIP					4.4 CITY-S		Ì				ļ	
TITLE				DELETE	5.1 TITLE					☐ Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY-S	T- <i>Z</i> IP	1					
TITLE				DELETE	6.1 TITLE		$\vdash$			Change	Addition	
NAME					6.2 NAME		ļ					
0*0FFT + DDF=00					63 STREET	LADORESS	1				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.

6.4 CITY-ST-ZIP

SIGNATURE: \_\_

CITY-ST-ZIP

305 859 8038