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PROFIT CORPORATION ANNUAL REPORT 1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000024365 (3) DOCUMENT #

INTERNATIONAL FORTUNE, INC.

FILED Jun 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1819 SW BIST AVE 1619 SW 81ST AVE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/13/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible □Ño Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FUBBO, JOSEPH 1619 SW 81ST AVE 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH LAUDERDALE FL 33068** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607/1902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or poth, in the clipite of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appropriate the corporation of t changing its registered office or registered agent, or both, in the agent, I am familiar with, and accept the Such change was authorized by the corporation's board of directors. I hereby accept the ap egicy 607,0505, Dorida Statutos. SIGNATURE (NOTE Registered Agent signature required when reinstaling) FIGERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE RUBBO, ANGELA 1.2 NAME NAME 8437 N CORAL CIR 1.3 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL 33068 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZiP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 DD F TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change DELETE Addition TITLE 6.1 TITLE 000002552110 62 NAME NAME -06/09/98--01015--01**6** 63 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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 contraction or the receive or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cly langed, or of