PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90030 002 ***159.00

DOCUMENT #	P97000025565
Comoration Name	. 0. 0000=0000

1. Comoration	Name OL INTERNATIONAL, INC.					
PANALL	OF IMITEUMATIONAL, INO.			A LEDRIKA KA KA KAKA UPAN ATAN	i danı danı sanısınığı danı anısı sınığı	a nav and 1 aa
Principal Place	e of Business	Mailing Address		i teamen lift iden inmit men	t getil delit Ebila ilêbi êttet atwa	\$11 61 0 111 1401
3235 NW 83 ST	r	P.O. BOX 453832				
MIAMI FL 33147	7	MIAM) FL 33245		· DO NOT W	RITE IN THIS SPACE	
us				3. Date Incorporated or Qualit		
				03/20/1997	·	
2. Principal Pt	lace of Business	2a. Mailing Address		4. FEI Number	App	plied For
	220'L INT'L INC.	28 PARAZZOL 1	NTL /NC.	65-0727100		t Applicable
Sulte, Apt. 22 7300	#, etc.	Suite, Apt. #, etc. 27 P.O. BOX 5	77235	5. Certificate of Status Desired	\$8.75 A	dditional quired
City & State	Parest F/	City & State		-6. Election Campaign Financi Trust Fund Contribution	ng:	
23 M 1 A P	Country	Zip Zip	Country	a. This corporation owes the o	current year Intangible	
24 3 3/4	71 23 U.S.A.	29 33154	30 U.S.A.	Personal Property Tax.	Yes	No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of Ne		
OLA!	ECUEA MICHEL		81 Name	OLAECHEA,	MIGUEL	·
	ECHEA, MIGUEL 5 NW 83 ST		82 Street Add	Ires (P.O. Box Number is Not Acc	eptable)	1
	NI FL 33147		83 73 <i>00</i>	BYRON AVE	7年 / 6	
MIM	MI LE 33141		[63]			
			84 City	MI BEACH	FL 85 Zip C	14/
44 Diversari	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	s, the above named con	poration submits this statement for	the purpose of changing its room the appointment as re	registered
II. Fursiani	maintened amont or both in the State of	Florida Such change was a	INDUITED BY THE COMOUNT	10/0 S DO SITU OF UNBULDES. I HORIDDY BU		
office or n	to the provisions of Sections 607.0502 in egistered agent, or both, in the State of um familiar with, and accept the obligation	#15 OI, GEGLEOF! OUT.0303, FIO	A Charles	A	2/2/20	
office or n agent I a SIGNATURE	MIGUEL OLAEC	HEA /	reuel of	reclan	3/26/99	_
SIGNATURE	MIGUEL OLAEC Signature, typed or primad name of registered agent a	HEA (NOTE	A Charles	edea	3/26/99	_
SIGNATURE	M Farmiliar With, and accept the designation of the Conference of	HEA (NOTE	reuel of	d when refreshing) ADDITIONS/CHANGES TO	3/26/99	_
SIGNATURE 12.	M Tarmillar With, and accept the dulgand MIGUEL OLAEC Signature, typed or printed name of registered agent a OFFICERS AND	HEA Indition of applicable. (NOTE DIRECTORS	PERCEL DEA PROSTUPE Agent agneture requir	edea	3/26/99 DATE OFFICERS AND DIRECTO	_
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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 cartify that the information indicated on this annual report or supplemental annual report is true and accume 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: MEDITIFE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OFFICER O