FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthain ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # P97000028911 (0) IS M INTERNATIONAL CO. Principal Place of Business Mailing Address 3322 CURRY FORD RD 3322 CURRY FORD RD ORLANDO FL 32812 ORLANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 2. Principal Place of Business 2a. Mailing Address 3322 CURRY FORD RD Sulle, Apt. #, Stc. SAME Suite, Apt. #, etc. 5. Certificate of Status Desired City & State Election Campaign Financing 23 ORYANDO -FLORIDA FLORIDA Trust Fund Contribution

FILED Jun 25 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

23 ORY	ando -florisa	28 FLORIDA		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or h	as paid the current year Intangible	
24 329	306 25 USA	29 30	0	Personal Property Tax due		
	Name and Address of Current R	egistered Agent		10. Name and Address of Ne	w Registered Agent	
	/ES; EDSON S		81 Name VICE	WE DE MARCO	<u> </u>	
4249 EENEDICTINE CIR ORLANDO FL 32812						
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	\$50]]		· '	
	- # C-		84 City ORL	Ando	FL 85 Zip Code 12	
11. Pursuant to the provisions of Section, 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both 111, State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
1079.00						
SIGNATURE Signature: typed or guarding of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	- OFFICERS AND D	IRECTORS	13,	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12	
TITLE	VICENTE DE MANCO	DELETÉ	1.1 TITLE		Change Addition	
NAME	MANAGER DOMINICARAL	I VE	1.2 NAME			
STREET ADDRESS	2427 TACKROOM LN	# 8	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO . EL. 32812		1.4 CITY - ST - ZIP			
TITLE	(4)	☐ DELETE	2.1 TITLE		Change Addition	
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STREET ADDRESS		+	2.3 STREET ADDRESS		-,	
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NAME	•	·	3.2 NAME		}	
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		10 /	
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STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP			
TITLE	<u> </u>	DELETE	6.1 TITLE	Approximating and a simple color for	Change Addition	
NAME	<u> </u>		6.2 NAME	500002 5 -06/30/980	a i kutii ca -a. 0 1173 0 1 172	
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CITY-ST-ZIP			6.4 CtTY - ST - ZIP	不序手上的目录 机比		

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 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 of powered 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 indicated on the receiver of the corporation or the receiver or trustee of powered 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 indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee of powered 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 indicated on the receiver of the corporation of the receiver or trustee of powered 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 a power of the receiver of the receiv

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