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

PROFIT
CORPORATION
WINUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mgrtham 📡

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031038 (7)

FILED Apr 13 1998 8:00am Secretary of State

	INTERNATIONAL, INC.	5001000 (7)			
Principal Place of Business Mailing Address				, , out , out , dett, tout out , dett, dett, dett,	net tibit dbidd tilal fan ibbi
1805 LIVINGSTON STREET 1805 LIVINGSTON STRI ORLANDO FL 32803 ORLANDO FL 32803		ET	DO NOT WRITE IN THIS	S SDACE	
				3. Date Incorporated or Qualified	3 31 ACE
			·	04/03/1997	
2. Principal P	Place of Business	2a. Mailing Address		59 8456512	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	p. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	3 Agent
DO	YLE, PATRICK W		81 Name		
* 800 WEST MORSE BOULEVARD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 1			<u> </u>		-
WIN	NTER PARK FL 32789		83		
;			84 City		85 Zip Code
		5 1000 1500 Et / 1 6 1		F	
11, Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	i2 and 607.1508, Florida Statu of Florida. Such change was	ites, the above-named corp authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	Of changing its registered oppointment as registered
agent. La	im familiar with, and accept the obliga-	ations of, Section 607.0505, F	lorida Statutes.	, , ,	,
SIGNATURE	Signature: typed or printed name of registered age		III : Registered Agent signature requi	red when reinstating). DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TO LE	7.00 HONOLO HONO	Change Addition
NAME	PADILLA, NARCISO S		1.2 NAME		
STREET ADDRESS	1805 LIVINGSTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CHY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		Change Addition
NAME	PADILLA, MARIA S		2.2 NAME		
STREET ADDRESS	1805 LIVINGSTON STREET		2 3 STREET ADDRESS	an said	
CITY-ST-ZIP	ORLANDO FL 32803		2 4 CITY-ST-ZIP	eti segi	
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	BARBA, JUANITO P		3.2 NAME		
STREET ADDRESS	1805 LIVINGSTON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	DELETE	3.4 CITY-ST-ZIP		Change Ladeline
TATLE		L_1 DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 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 TITLE		Change Addition
NAME		Λ \sim	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1	MM /	6.4 CITY - ST - ZIP		
	certify that the information supplied v	ith this think dologhot equatify		Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

I hereby certify that the information supplied with the first does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this armual report or supplicmental annual electric times 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 of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corp

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CR2E034 (10/9)