Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90102 018 ***150.00

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

DOCUMENT # P9700039881

1. Corporation Name

VOLTRE	INTERNATIONAL, INC.				
D		E E - (I) u. v. A delunna			# 60
Principal Place	_	Mailing Address			
5700-NW 50 ST CORAL SPRING		-5700 NW 50 ST COBAL SPRINGS FE 33	27 7		
COUNT SERVING	10 1 2 33001	Comme of Allinoo 15 on	W1	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				05/02/1997	
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 <i>191</i>	9 NOS L-1	26 1919	N. S.R.7	65-0757468	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Continue of Continue 200 in Continue 200	Fee Required
City & Stat	Pa 7 00 722	City & State	CAT	6. Election Campaign Financing	\$5.00 May Be
23 / K	ULBNIC IFC	28 MILLAT		Trust Fund Contribution	Added to Fees
ー ^{Zip ′} フォ	Country 70 4/3	Zip 2273	/ Country	8. This corporation owes the current year	Intangible
24 53	1063 25 33063	29 75 500 2	30	Personal Property Tax. 10. Name and Address of New Registers	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	sa Agent
TUTWAK, SCOTT				UD 1 /E/O	
1191 E. NEWPORT CENTER OR.: STE. 104			ress (P.O. Box Number is Not Acceptable)		
	RPIELD BEACH FL 33442		83	100 jua so o	<u>' </u>
*, DEE	IN ILLO DE ION I L GOVIL		00		
		-	84 City	araz slanis F	L 85 Zip Code
11. Pursuant	to the provision of Sections 607 050	2 and 607.1508, Florida Sta	tutes, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
office or r	egistered agent or both, in the State in familiar with, and accept the obliga-	or Florea. Such change was tions of, Section 607:0905, I	Florida Statutes.	on's board of directors. Thereby accept the ap	pourumont do registered
SIGNATURE	V UU	7) (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		¥ =	3-15-19
OIOINATORE	Signature, typed or printed name of registered ages		TE: Registered Agent signature require		
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D 2	DELETE	1.1 TITLE		
NAME	TREJO, DARIO		1.2 NAME		
STREET ADDRESS	5700 NW 50 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067	□ per ere	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DETELE	2.1 TITLE		C onange C radiion
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C/TY-ST-Z/P		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	{	☐ AETELE	3.1 TITLE		Clearing Classification
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 TITLE		[
NAME			4. 2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		,
CITY-ST-ZIP		•			
TITLE		• DELETE			☐ Change ☐ Addition
TITLÉ		DELETE	5.1 TITLE		Change Addition
NAME		DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	,	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	`	Change Addition

14. I hereby certify that the information supplied with this filling 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 poort is two 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 of the corpor

6.4 CITY-ST-ZIP

SIGNATURE: 🛨

CITY-ST-ZIP..