May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 048 ***450.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000054540**

1. Corporation Name

Principal Place of Business

FLORIDA-INTERNATIONAL INVESTMENT CORPORATION

C/O RICHARD H. HUNT & ASSOCIATES, P.A. 2801 PONCE DE LEON BLVD 9TH FLOOR CORAL GABLES FL 33134 C/O RICHARD H. HUNT & ASSOCIATES, P.A. 2801 PONCE DE LEON BLVD 9TH CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number Ap	plied For	
21	26				65-0762839 No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Service Fee Re	Additional equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Соц	ntry	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	□No	
,	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
HUNT, RICHARD H JR. 2801 PONCE DE LEON BLVD				81 Name 82 Street A	ddress (P.O. Box Number is Not Acceptable)		
9TH FLOOR				83			
CORAL GABLES FL 33134				84 City FL 85 Zip Code			
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stat	i by the corpo utes.	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	registered gistered	
	Signature, typed or printed name of registered age			Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	NDC IN 12	
12.		ND DIRECTORS	13.			Addition	
TITLE	D	☐ DELETE	1.1 Ti		add P (President) Change	A 7.00111011	
NAME	HUNT, RICHARD H JR.		1.2 N	ME		•	
STREET ADDRESS 2801 PONCE DE LEON BLVD 9TH FLOOR			1.3 S	REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			TY-ST-ZIP			
TITLE	☐ DELETE 2.		2.1 TI	TLE }	☐ Change	Addition	
NAME			2.2 N	ME			
STREET ADDRESS			2.3 S	REET ADDRESS			
CITY-ST-ZIP			2.40	ITY-ST-ZIP			
TITLE	☐ DELETE 31T		TLE	☐ Change	Addition		
NAME			3.2 N	AME			
STREET ADDRESS			3.3.5	REET ADDRESS			
	ı			ITY-ST-ZIP			
CITY-ST-ZIP TITLE			4.1 ∏		☐ Change	Addition	
NAME			4.21	!			

CITY-ST-ZIP 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 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 corporation of 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 or an attachment with an agrees, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

DELETE

□ DELETE

☐ Change

☐ Change

Addition

☐ Addition