

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90186 034 ***150.00

DOCUMENT # P97000075664

1. Corporation Name

ALLIN INTERNATIONAL USA, INC.

Principal Place of Business

3333 W ATLANTIC BLVD
UNIT 35
POMPANO BEACH FL 33069

Mailing Address

3333 W ATLANTIC BLVD
UNIT 35
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified

09/02/1997

4. FEI Number

65-0779221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1117 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 HIALEAH GARDENS, FL

Zip

Country

24 33018

25 U.S.A.

2a. Mailing Address

26 1117 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

27 SUITE 103

City & State

28 HIALEAH GARDENS, FL

Zip

Country

29 33018

30 U.S.A.

9. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

GERMAN A. GODOY

82 Street Address (P.O. Box Number is Not Acceptable)

1117 W. OKEECHOBEE RD., SUITE 103

83

84 City

HIALEAH GARDENS

FL

85 Zip Code

33018

11. Pursuant to the provisions of Sections 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, in the 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.

SIGNATURE

[Signature] / GERMAN A. GODOY / D.P.

(NOTE: Registered Agent signature required when reinstating)

01/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GODAY, GERMAN

STREET ADDRESS 3333 W ATLANTIC BLVD

CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR PRESIDENT ☒ Change ☐ Addition

1.2 NAME GODAY, GERMAN

1.3 STREET ADDRESS 1117 W. OKEECHOBEE RD., SUITE 103

1.4 CITY-ST-ZIP HIALEAH GARDENS, FL 33018

2.1 TITLE SECRETARY & TREASURER ☐ Change ☒ Addition

2.2 NAME CAROLINA HOCH

2.3 STREET ADDRESS 1117 W. OKEECHOBEE RD., SUITE 103

2.4 CITY-ST-ZIP HIALEAH GARDENS, FL 33018

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 26th/99 (305)556-1969

Date

Daytime Phone #

0166792

CR2E034 (11/98)