FILED

Mar 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1, Corporation	MENT # P970000 OUSE INTERNATIONAL, INC						
Principal Place of Business 1311 FLORIDA MALL AVE ORLANDO FL 32809 US		Mailing Address 1311 FLORIDA MALL AVE ORLANDO FL 32809 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/09/1997		
Principal Place of Business 1		2a. Mailing Address		4. FEI Number 59-3465702		olied For Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 24	Country Zip Cou			'	This corporation owes the current year In Personal Property Tax.		□No
	9. Name and Address of Current		-1		10. Name and Address of New Registered	Agent	
			81	Name			İ
SHIE, JOHN 1311 FLORIDA MALL AVE			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32809			83				_
			84	City		85 Zip C	ode
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both in the State o n familiar with appraicate the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	, the abov horized by la Statutes	e-named co the corpora	orporation submits this statement for the purpose o ration's board of directors. I hereby accept the appo	f changing its regintment as reg	registered jistered
SIGNATURE	X John Sh	4			1/27/9	14	
ALEGERO AND DIRECTORS				nt signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	FU-MEI, L SHIC	_			•	_ ·	_ {
STREET ADDRESS	3131 TURTLE LN			T ADDRESS			}
CITY-ST-ZIP	ODLANDO EL AGOST		1.4 CITY-S				
TITLE			2.1 TITLE			Change	Addition
NAME	Transport of the second		2.2 NAME				1
STREET ADDRESS			2.3 STREE	TADDRESS			}
CITY-ST-ZIP	ORLANDO FL 32819 2.4		2. 4 CITY-	ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			Ì
CITY-ST-ZIP			34. CITY-	ST-ZIP			
TITLE		DELETE 4.1				Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- 9	T-ZIP		[]Change	Addition
TITLE			5.1 TITLE			Change	
NAME			5.2 NAME	TADORESS			
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	or-ZIF	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/90 Date

Daytime Phone # 8/2 7767

2E034 (11/98)