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 90232 020 ***163.75

1. Corporation	VIEIN I # P97000	080348			-			
Corporation	i i i i i i i i i i i i i i i i i i i							
TVINIE	RNATIONAL INC.				-	1 20011001 110 10111 10011 00111 00211 00211 00111	##101 1011 0010 2111 0	(881 (811 188)
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Principal Place	e of Business	Mailing Address	Mailing Address			i i ndiise i ine inin şeğir. Dayı dayı dayı	BOIDI IBILI BOISA ILEIL B	{001 Sil 001
777 BRICKELL AVE., STE. #1110 15970 WEST S.R. 84					1			
MIAMI FL 33131		SUITE 232	197			DO NOT WRITE IN THIS SPACE		
		WESTON FL 33326		-	3. Date Incorporated or Qualifed			
		US			- (09/15/1997		ļ
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number	Apr	olied For
21 777 Brickel Ave.			26 15970 West S.R. 84			65-0790853	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired* - 🖼	-\$8.75 A		
22 1110		27 232				Fee Red		
City & State		City & State	⊢ ′		-	6. Election Campaign Financing	\$5.00	· 1
²³ Miami, Fl		Zip Country			Hust Fund Contribution	Added to	Fees	
Zip Country 24 33131 25 USA		29 33326 30 USA			This corporation owes the current year Personal Property Tax.		50.No	
24 33131	9. Name and Address of Currer		301	, D11		10. Name and Address of New Registe		
			8	1 Name				
MARTE, PEDRO				2 Street	t Address	s (P.O. Box Number is Not Acceptable)		
2233 NOVA VILLAGE DR.				Street		(r.o. box rumber is not recopiation		
DAVIE FL 33317			8	3				
			8	4 City			85 Zip C	ode
			[FL	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized t	v the corr	d corpora poration's	ition submits this statement for the purpos s board of directors. I hereby accept the a	se of changing its i appointment as rec	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statut	es.		•	-	
SIGNATURE		ALOTE S	District A	at also at us	i is a dend on	nen reinstating) DAT	ř <u> </u>	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	lant signatura	e reduited wit	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		T		Change	Addition
NAME	HERNANDEZ, RAYMOND			1.2 NAME				ì
STREET ADDRESS 777 BRICKELL AVE., STE. #1110			1.3 STREET ADDRESS		s			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY	ST-ZIP				
TITLE			2.1 TITLE	2.1 TITLE			Change	Addition
NAME			2.2 NAM	E	ĺ			
STREET ADDRESS			2.3 STRE	ET ADDRESS	s		ing to be	Ì
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP			Change	☐ Addition
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NAME			3.2 NAM					
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CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE			Change	☐ Addition
NAME		- -	4.2 NAM		İ		, —	l
STREET ADDRESS			4.3 STRI	ET ADDRESS	is			,
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			:`	☐ Change	☐ Addition
NAME			5.2 NAM	E		• •	* .	ļ
STREET ADDRESS				ET ADDRESS	s			
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME.				6.2 NAME 6.3 STREET ADDRESS				}
STREET ADDRESS			6.3 STR	E1 ADDRESS	ارھ)

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 statute 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 or the receiver of the corporation of the corporation of the receiver of the receiv

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP