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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082774

1. Corporation Name
MCC INTERNATIONAL, INC.

Principal Place of Business
8448 N.W. 57TH STREET
TAMARAC FL 33351
US

Mailing Address
8448 N.W. 57TH STREET
TAMARAC FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1997

4. FEI Number
65-0783703

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 7890 PETERS ROAD

Suite, Apt. #, etc.

22 G-109

City & State

23 PLANTATION, FL

Zip Country

24 33324-4028 25 USA

2a. Mailing Address

26 7890 PETERS ROAD

Suite, Apt. #, etc.

27 G-109

City & State

28 PLANTATION, FL

Zip Country

29 33324-4028 30 USA

9. Name and Address of Current Registered Agent

OCAMPO, RAUL
8448 N.W. 57TH STREET
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OCAMPO, RAUL
STREET ADDRESS 12381 NW 14TH STREET
CITY-ST-ZIP PLANTATION FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME RAUL OCAMPO
1.3 STREET ADDRESS 12381 NW 14TH ST
1.4 CITY-ST-ZIP PLANTATION, FL. 33323

2.1 TITLE
2.2 NAME STEPHEN SHAPIRO
2.3 STREET ADDRESS 3960 ISLAND BOULEVARD
2.4 CITY-ST-ZIP WILLIAMS ISLAND, FL. 33160

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 (904) 423-4011
Date Daytime Phone #

CP25024 (11/08)