

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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083531 (8)

1. Corporation Name

DEAN INTERNATIONAL INVESTMENTS CORP.

Principal Place of Business

9350 S. DIXIE HIGHWAY
PH 2
MIAMI FL 33156

Mailing Address

9350 S. DIXIE HIGHWAY
PH 2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROUSSO, MARK E
9350 S. DIXIE HIGHWAY
PH 2
MIAMI FL-33156

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 PTSD
NAME DEAN, RICARDO
STREET ADDRESS 9350 S. DIXIE HIGHWAY PH 2
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD
1.2 NAME Deane Ricardo
1.3 STREET ADDRESS 9350 S. Dixie Hwy PH 2
1.4 CITY-ST-ZIP Miami FL 33156

2.1 TITLE
2.2 NAME Deane, Patricia Daniel
2.3 STREET ADDRESS 9350 S. Dixie Highway PH 2
2.4 CITY-ST-ZIP Miami FL 33156

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 supplement thereto 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 owner 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 amendment with an address.

100002578611
-07/02/98--01014--034
***150.00

CR2E034 (10/97)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

Page 2
6/18/98
EIN **65-0843626**
OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Dean International Investments Corp.	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) 9350 S. Dixie Highway	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Miami FL 33156	5b City, state, and ZIP code
	6 County and state where principal business is located Dade	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► See copy of Passport Attached Ricardo Deane		

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other corporation (specify) ► C Corporation
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► Investment	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
---	----------------------	-----------------

9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► Investment	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) 9-26-97	11 Closing month of accounting year (See instructions.) August
---	--

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	N/A
---	------------

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural 0	Agricultural 0	Household 0
---	--------------------------	-----------------------	--------------------

14 Principal activity (See instructions.) ► Investment

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

16 To whom are most of the products or services sold? Please check the appropriate box.	<input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	

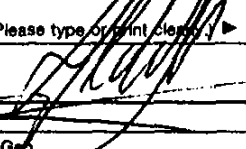
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ► Trade name ►
---	---------------------------

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year) City and state where filed Previous EIN
---	--

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (305) 466-0022
---	--

Name and title (Please type or print clearly) ► Ricardo Deane President	Fax telephone number (include area code) (305) 466-9998
--	---

Signature ► 	Date ► 2/2/98
---	----------------------

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------