**PROFIT** CORPORATION **ANNUAL REPORT** 1999

1. Corporation Name



DOCUMENT #P97000085374(1) OK

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90023 030 \*\*\*150.00

D W W TYGDDYAWTOVAL TYG								
B.T.T. INTERNATIONAL, INC.								
Pri	incipal Place of Business	Mailing Address						
[	2360 S.W. 132 Ct. Suit	•						
ı		e ZIO						
MIAMI, F1. 33186					DO NOT WRITE IN THIS SPA	ACE		
					3. Date Incorporated or Qualifed	İ		
					10/02/1997			
2.	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21		26			65 0788624	Not Applicable		
22	Suite, Apt. #, etc.	, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	8.75 Additional Fee Required		
<del>                                     </del>	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
	Zip Country	Zip	Countr	у	8. This corporation owes the current year Intangil	ble		
24	25	29 30	l	Personal Property Tax.		Yes □No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
EDGAR BUENO				82 Street Address (P.O. Box Number is Not Acceptable)				
	1017 Fāir Fields Mead	ows Drive	"	Sileet Address (F.O. Box Nulliber is Not Acceptable)				
Ft. Lauderdale, Fl. 33326				1				
				City	<b></b> 8:	5 Zip Code		
		•	"	City	FL  °	J Zip Gode		
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					required when reinstating) DATE	——— \ ;		
12.	C. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
TITL	FPD JORGE E. BUENO DELETE 1.1 TITE					Change		
			1.2 NAME					

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	JORGE E. BUENO DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	1017 Fair Fields Meadows Dr.	1.2 NAME			
STREET ADDRESS	Fr. Lauderdale, Fl.,33326	1.3 STREET ADDRESS	·		
CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE -	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		, 6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
0.77.07.710		64 CITY-ST-7IP			

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:** 

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