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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90022 033 ***158.75

| JOCUMENI# | P97000089497 |
|-----------|--------------|

1. Corporation Name

SECTOR 3 INTERNATIONAL, INC.

| Principal Place | of Business | Mailing Address | | (CONTRACT THE CONTRACT CONTRA | et toet |
|------------------|---|--|---------------------------------------|--|----------|
| 2442 LEE STRE | | 2442 LEE STREET | | | |
| HOLLYWOOD F | | HOLLYWOOD FL 33020 |) | | |
| · | | | | DO NOT WRITE IN THIS SPACE | |
| Charge | Pleuse | Chuye | | 3. Date incorporated or Qualifed | |
| 10 | 1 | +07. | | 10/16/1997 | l |
| 2. Princit al Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Ar plied F | or |
| 21 4891 | Sw. 34 terr. | 26 4881 S.W. | 34 Terr. | APPLIED FOR 65-0909603 Not Applie | icable |
| Suite, Apt. 1 | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Addition | nal |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Required | l |
| City & State | _ | City & State | | 6. Elect on Campaign Financing 55.00 May B | ie [|
| 23 Holly | wood FL | 28 Hally wood | FL | Trust Fund Contribution Added to Fees | 3 |
| Zip / | ` / Country | Zip / | Country | 8. This corporation owes the current year Intangible | |
| 24 3331 | 2 25 (1.5.A. | 29 33312 3 | 0 U.S.A. | Personal Property Tax. ☐ Yes ☑ No | |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registe ed Agent | |
| 200 | CANTOC LOUIC | | 81 Name | | |
| | SANTOS, LOUIS LEE STREET | | 82 Street A | dress (P.O. Box Number is Not Acceptable) | |
| ! | | | | | |
| ווטרו | YWOOD FL 33020 | | 83 | | |
| | | | 84 City | 85 Zip Code | |
| (| | | 04) 0.1.9 | FL (S) Zip seed | |
| 11. Pursuant t | o the provisions of Sections 607.05 |)2 and 607.1508, Florida Statutes | , the above-named co | proporation submits this statement for the purpose of changing its register | ered |
| agent. 1 ar | egistered agent, or noth, in the State n familiar with, and accept the oblig | of Florida. Such change was aut ations of, Section 607.0505, ∃lorid | nonzed by the corpora la Statutes. | ation's board of directors. I hereby accept the appointment as registered | • |
| SIGNATURE | | | | | - 1 |
| SIGNATURE | Signature, typed or printed name of registered ag | ant and title if applicable. (N DTE: Re | egistered Agent signature raq | uired when reinstatir g) DAT : | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | QUST Adics) Charge DA | Addition |
| NAME | DOS SANTOS, LOUIS | | 12 NAME | | ļ |
| STREET ADD RESS | 2442 LEE STREET | | 1.3 STREET ADDRESS | 4881 S.W. 34 Terr | 1 |
| CITY-ST-ZIF | HOLLYWOOD FL 33020 | | 1.4 CITY-ST-ZIP | Hollywood PC 33312 | |
| TITLE | 0 | ☐ DELETE | 2.1 TITLE | Ist aduly change []A | Addition |
| NAME | DOS SANTOS, JAMIE | | 22 NAME | , | |
| STREET ADVIRESS | 2442 LEE STREET | | 2.3 STREET ADDRESS | 4881 Sir. 34 ter | j |
| CITY-ST-ZIF | HOLLYWOOD FL 33020 | | 2.4 CITY-ST-ZIP | Hollywood, FC 33312 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | / Change 🗀 A | Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADURESS | | | 3.3 STREET ADDRESS | | } |
| CITY-ST-ZIF | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ A | Addition |
| NAME | | | 4. 2 NAME | | |
| STREET AD RESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 ÇITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ A | Addition |
| NAME | | | 5.2 NAME | | ł |
| STREET AD DRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-Zi 2 | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ A | Addition |
| NAME | | | 6.2 NAME | | |
| STREET AD DRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZI | | | 6.4 CITY-ST-ZIP | | ļ |
| | | | | | |

14. Thereby 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 informational 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 office or director of the corp ration or the re-eiver 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, will hall other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER

Daytime Phone #