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## 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

## DOCUMENT # P97000091657

1. Corporation Name

MARGUERITE'S INTERNATIONAL TRADING, INC.

Principal Place	e of Business	Mailing Address			İ				
1326 SE 17TH STREET 1326 SE 17TH STREET									
SUITE 454	A. F. E. 20040	SUITE 454				DO NOT WRITE IN THIS SPACE			
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316					3 D:	3. Date Incorporated or Qualifed			
					i	)/23/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				Number		F	Applied For
21		26			<b>I</b>	5-0793524		$\vdash$	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						<del></del>	Additional
22	.,	27	, · · · · · · · · · · · · · · · · · · ·			ertifcate of Status Desired			Required
City & State	City & State				ection Campaign Financin	ng 🗔	\$5.00	May Be	
23	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip				is corporation owes the c	urrent year Int	angible	_
24	25	29 30	<u> </u>			ersonal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				ame and Address of Nev	v Registered	Agent	
L KOD	CON JOHN		81	I Nan	ne				l
KOPSON, JOHN 7300 W CAMINO REAL #126			82	Stre	et Address (P.O.	Box Number is Not Acce	ptable)		
ВОС	A RATON FL 33433		83	3					
			84	City				85 Zip	Code
							F <u>L</u>		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by	the co	ed corporation surporation's board	ubmits this statement for to dof directors. I hereby ac	he purpose of cept the appoir	changing it ntment as r	ts registered registered
SIGNATURE		,							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Rec	istered Age	ınt signatı	re required when reins	ating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADI	DITIONS/CHANGES TO	OFFICERS AN		
TITLE	<b>D</b> .	☐ DELETE	1.1 TITLE		18			Change	Addition
NAME	KOPSON, JOHN		1.2 NAME		Sure-O	A BAPCTER	,		
STREET ADDRESS	7300 W CAMINO REAL, #126		1.3 STREE	ET ADDRE	<i>∞∞E</i>	w. CAMI	$\infty$ (2.6	محرر م	4156
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-	ST-ZIP	BOCA	BATON	<u> </u>	<u>,343,</u>	<u> </u>
TITLE	•	DELETE 2.1						Change	Addition
NAME	22 N		2.2 NAME						ļ
STREET ADDRESS	~. ~ ·		2.3 STREE	T ADDRE	ss				
CITY-ST-ZiP			2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	e
NAME			32 NAME		ļ				
STREET ADDRESS			3.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	e
NAME			4. 2 NAME						į
STREET ADDRESS			4.3 STREE	TADDRE	ss				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP_					CO A LUCY
TITLE		☐ DELĒTE	5.1 TITLE					☐ Change	Addition
NAME		,	5.2 NAME						
STREET ADDRESS			5.3 STREE		ss				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP_					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						ĺ

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 attactment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP