

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 # P97000093121

1. Corporation Name

C & S INTERNATIONAL GROUP, INC.

Principal Place of Business

8870 SOUTHWEST 40TH STREET
MIAMI FL 33165

Mailing Address

8870 SOUTHWEST 40TH STREET
MIAMI FL 33165

2. Principal Place of Business

21 11440 SW 50 St.

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33165

Country

25 U.S.A.

2a. Mailing Address

26 11440 SW 50 St.

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33165

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

05-0793567

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Miami

FL

85 Zip Code

33165

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

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE

1.3 NAME

1.4 STREET ADDRESS

1.5 CITY-ST-ZIP

1.6 TITLE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 TITLE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY-ST-ZIP

1.14 TITLE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY-ST-ZIP

1.18 TITLE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Macedo

Date

3/24/99

Daytime Phone #

305/412-0829

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90102 031 ***150.00



DO NOT WRITE IN THIS SPACE

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