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

Mailing Address

7510 SW 56 AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business 7510 SW 56 AVENUE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700094420

INTERNATIONAL IMPORTS, INC.

DO NOT WRITE IN THIS SPACE MIAMI FL 33143 **MIAMI FL 33143** 3. Date Incorporated or Qualifed US 11/03/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0796097 Not Applicable 21 26 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zio □No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name METZ, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) **7510 SW 56 AVENUE** SUITE #2 83 **MIAMI FL 33143** Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE

D 1.2 NAME METZ, WILLIAM NAME 7510 SW 56 AVENUE, SUITE #2 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 41TME 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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:

OR DIRECTOR

4-27-99 305-666 5/43
Date Phone #

CR2E034 (11/98)

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90107 044 ***150 00