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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102541 (4)

## FILED Apr 03 1998 8:00am Secretary of State

Principal Pla	L INTERNATIONAL INC.  ace of Business INGTON DRIVE	Mailing Address 4715 WARRINGTON DRI	VE				
ORLANDO FL 32836		ORLANDO FL 32836		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IIN THIS SPACE	
					12/03/1997		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	. 1/	Applied For
21		26			62-1731679	' <del>   </del>	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8. <b>7</b> 5	Additional
22		27	· · <del>-</del>	·	5. Certificale of Status Desired	Fee F	Required
City & Sta	ate	City & State			6. Election Campaign Financing		May Be
23		28	<del></del>		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	У	8. This corporation owes or has pai		
24	25 9, Name and Address of Curren	29 t Registered Agent	30		Personal Property Tax due June  10. Name and Address of New Reg		∐ No
		Sistorios vilgorio	81	Name	10. Hame and Madross of How the	a a contract of the contract o	
NIEVES, CARMEN D 4715 WARRINGTON DRIVE							
	RLANDO FL 32836		82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
0	116-4400 1 C 05000		83				
			84	City		FL  85   Zip	Code
Office or agent. I	It to <b>the</b> provisions of Sections 607.050. registered agent, or both, in the State am <b>fa</b> miliar with, and accept the obliga	of Horida, Such change was ations of Section 607.0505. F	authorized b	y the corpora	ation's board of directors. I hereby accep	it the appointment a	is registered
SIGNATURE	Signature, typed or printed name of registered age				iired when reinstating)	DATE	
		nt and title It applicable. (NO				DATE	·
SIGNATURE	Signature, typed or printed name of registered age	nt and title It applicable. (NO	TE: Registered Ag		rired when reinstating)	DATE	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANS P NIEVES, CARMEN D	nt and title it applicable. (NO D DIRECTORS	TE: Registered Ag		rired when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS ANT P NIEVES, CARMEN D 4715 WARRINGTON DRIVE	nt and title it applicable. (NO D DIRECTORS	TE: Registered Ag 13. 1.1 TITLE 1.2 NAME		rired when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
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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.

CICKIATURE.