PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90110 044 ***150.00

1. Corporation	TERNATIONAL COMPANY	JUU-1:3-1-		<u> </u>				
Principal Place	e of Business	Mailing Ad	dress				49111 46111 66161 11464 11191	11981 1181 1881
8749 SW 137 A		8749 SW 13	7 AVENUE			'		
MIAMI FL 33183-4077 MIAMI FL 33183-4077								
						3. Date Incorporated or Qualifed	IN THIS SPACE	
						01/06/1998		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Ap	plied For
21		26				65-0793292		t Applicable
Suite, Apt. #, etc.			uite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27						·
City & Stat	le	City &	State			6. Election Campaign Financing	□ \$5.00 Added t	7 1
23	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation owes the curren		01663
Zip	Country	— ·	3			Personal Property Tax.	it year imangible ☐ Yes	□No
24	25 9. Name and Address of Curr	29 29 ent Registered A		<u> </u>		10. Name and Address of New Re		
	5. Name and Address of Oar.	one mogion	3*· <u>:-</u>	81	Name			
KEYLIKHES, ALEKSANDER						(D.O. Day Number in Not Accentable	lo)	
8749 SW 137 AVENUE				82	Street Addi	ess (P.O. Box Number is Not Acceptable	10)	
MIAMI FL 33183-4077				83				
				<u>-</u>			05 7in (Code ·
				84	City		FL 85 Zip (Jode
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli Signature, typed or printed name of registering	gations of, Section	607.0505, Florid , (NOTE: R	norized by la Statutes	ine corporations.	oration submits this statement for the puon's board of directors. I hereby accept (LeyCikrus' d when feinstating)	1/6/99 Date	yistorou
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PRESIDENT DELETE		1.1 TITLE			Change	☐ Addition	
NAME	ALEKSANDER KE 8749 S.W. 137 AV	GURHES.		1.2 NAME				
STREET ADDRESS		WW 421		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FC 35/83		1.4 CITY-ST-ZIP			□ Change	- Addition	
TITLE			2.1 TITLE			☐ Change	Addition	
NAME	DiNITRY AMORICE 8748 S.M. 1371	CARO		2.2 NAME				
STREET ADDRESS	8749 S.W. 1371	rs.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MiAni FC 3	5/83		2. 4 CITY-	ST-ZIP		- Channa	☐ Addition
TITLE			☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		Change	□ Addition
TITLE			DELETE	4,1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			□ DELETE	4.4 CITY-5	ST-ZIP		□ Chanan	☐ Addition
TITLE			DELETE	5.1 TITLE			☐ Change	
NAME				5 2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		·	□ DE(E==	5.4 CITY-5	ST-ZIP		Change	Addition
TITLE	1		DELETE	6.1 TITLE			☐ Change	L.J AGGRON
NAME				6.2 NAME	T ADDRESS	- -		

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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (305) 3875857 Plate Dayline Phone #

R2E034 (11/98)