05051999-90167-032-$150.00-$150.00

# FILED
# May 05, 1999 8:00 am
# Secretary of State

05-05-1999 90167 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000001714

1. Corporation Name
PAXTON INTERNATIONAL, INC.

Principal Place of Business
6600 NW 27TH AVE. STE 113
MIAMI FL 33147

Mailing Address
6600 NW 27TH AVE. STE 113
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1998
4. FEI Number: 65-0807233 ☐ 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

2. Principal Place of Business
21 7400 ATLANTA ST
Suite, Apt. #, etc.
22
City & State
23 HOLLYWOOD, FL
Zip 24 33024 Country 25 BROWARD

2a. Mailing Address
26 7400 ATLANTA ST
Suite, Apt. #, etc.
27
City & State
28 HOLLYWOOD, FL.
Zip 29 33024 Country 30 BROWARD

9. Name and Address of Current Registered Agent
IDOWU, PAXTON
6600 NW 27TH AVE, STE 113
MIAMI FL 33147

10. Name and Address of New Registered Agent
81 Name: SAME (PAXTON IDOWU)
82 Street Address (P.O. Box Number is Not Acceptable): 7400 ATLANTA ST.
83
84 City: HOLLYWOOD, FL 85 Zip Code 33024

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] PAXTON IDOWU 04/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VICE-PRESIDENT | ☑ DELETE | 1.1 TITLE | ~~V~~ ☐ Change ☐ Addition |
| NAME | FLORENCE IDOWU | | 1.2 NAME | ~~OLUWUNMI IDOWU~~ |
| STREET ADDRESS | 7400 ATLANTA ST. | | 1.3 STREET ADDRESS | ~~7400 ATLANTA ST~~ |
| CITY-ST-ZIP | HOLLYWOOD, FL. 33024 | | 1.4 CITY-ST-ZIP | ~~HOLLYWOOD, FL. 33024~~ |
| TITLE | | ☐ DELETE | 2.1 TITLE | VICE PRESIDENT ☐ Change ☑ Addition |
| NAME | | | 2.2 NAME | MRS E. A IDOWU (V) |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 1120 NW 78 TERR. |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | PLANTATION, FL 33322 |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☑ Addition |
| NAME | | | 3.2 NAME | ABIOLA IDOWU DIRECTOR |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 7400 ATLANTA ST. |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | HOLLYWOOD, FL. 3304 |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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: [signature] 04/26/99 954-452-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)