

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 13, 1999 8:00 am Secretary of State

	1999		Secretary of State DIVISION OF CORPORATION:				05-13-1999 90031 020 ***150.00			
DOCU 1. Corporatio	MENT # P980	000004537	,	_						
I.E.C.	INTERNATIONAL	TRADING COF	RP				•			
Principal Plac	e of Business	Mailin	g Address							
1203 OCEAN DUNES CIR 1203 OCEAN DUNES CIR						ł				
JUPITER FL 33477 JUPITER FL 33477							DO NOT WRI	E IN THIS !	SPACE	
						F	3. Date Incorporated or Qualifed 01/15/98			
	Place of Business	L	ailing Address				4. FEI Number		Ap	plied For
SAME A			ME AS ABOVE				65-0805524			t Applicable
Suite, Apt.	#, etc.	⊢ ¬	iite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
22 City & Stat		27 Cit	ty & State.				6. Election Campaign Financing		\$5.00	
23		28	(Y.d_Olaic.				Trust Fund Contribution		Added to	
Zip	Country	Zip)	Countr	y		8. This corporation owes the curre	ent year Inta		
24	25	29	3	10			Personal Property Tax.	-		□No
	9. Name and Addres	s of Current Registere	ed Agent				10. Name and Address of New R	egistered A	gent	
DESIREZ 1	TADDT			81	Name					
PINNY		1		82	Street	Address	(P.O. Box Number is Not Accepta	ble)		
1203 OCEAN DUNES CIR JUPITER FL 33477					 					
JUPILE.	к гь ээчт			83	?					
				84	City			FL	85 Zip C	Code
office or r	registered agent, or both, i im familiar with, and accep	n the State of Florida. S of the obligations of, Se	Such change was aut ction 607.0505, Florid	horized by la Statute	the corpo	ooration's	tion submits this statement for the board of directors. I hereby accep	t the appoint	nanging its ment as rec	registered gistered
12.	Signature, typed or printed name o	f registered agent and title if app FICERS AND DIRECTO		13.	ent signature r	required wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	PRESIDENT	TOERO AND DIRECT	DELETE	1.1 TITLE		Τ	7.40.110.10.10.1111.00.0111.00.01		☐ Change	Addition
NAME.	PINNY VARDI			1.2 NAME						}
STREET ADDRESS		INES CIR		1.3 STREE	TADDRESS	:				
CITY-ST-ZIP	JUPITER FL			1.4 CITY-5	ST-ZIP					
TITLE			☐ DELETE	2.1 TITLE					Change	Addition
NAME) 			2.2 NAME		1				
STREET ADDRESS				2.3 STREE	T ADDRESS	i				
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	ļ.,		 _	Change	[] Addition
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME	,			3.2 NAME	T ADDEEDE					
STREET ADDRESS				3.4. CITY-	T ADDRESS	'				
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	31-21				Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4,3 STREE	TADDRESS					
CITY-ST-ZIP				4.4 CITY-8	ST-ZIP					
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME.				5.2 NAME.)
STREET ADDRESS					T ADDRESS					ļ
CITY-ST-ZIP			[] DE: 570	5.4 CITY-5 6.1 TITLE	ST- ZIP	 			[](h	Addition
TITLE			☐ DELET€	6.1 THLE	ļ				Change	☐ Addition
NAME					TADDRESS (]
STREET ADDRESS				0.00000						1

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

SIGNATURE:

PINNY VARDI, PRESIDENT ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

561-626-6131

Daytime Phone #