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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000007291**1. Corporation Name

SUPERIOR INTERNATIONAL AGENCY, INC.

Principal Place of Business	Mailing Address
11310 S. ORANGE BLOSSOM TRAIL #188	11310 S. ORANGE BLOSSOM TRAIL #188

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90009 034 ***150.00



		Mailing Address							
			11310 S. ORANGE BLOSSOM TRAIL #188 ORLANDO FL 32837			DO t	NOT WRITE IN THIS	SPACE	
	*		=			3. Date incorporated or		0.700	
							Qualifed		1
						01/23/1998 4. FEI Number			Annting For
2. Principal Pl	lace of Business	2a. Mailing Addre	ess				~\7		Applied For
21		26				<u>59-3507</u>	210		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status D	Desired []	•	Additional Required
City & State	e	City & State				6. Election Campaign F	inancing 🗀	\$5.0	May Be
23		28				Trust Fund Contribut	ion Li	Adde	d to Fees
Zip	Country	Zip	C	Country		8. This corporation owe	s the current year Int	tangible	
24	25	29	30			Personal Property Ta	3X.	Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address	of New Registered	Agent	
ADIA	D Ditt			81	Name				{
	ND, RIM IO S. ORANGE BLOSSOM TRAIL	#198		82	Street Add	dress (P.O. Box Number is No	ot Acceptable)		
	ANDO FL 32837	# 100		83					
				84	City			85 Zi	p Code
				- 1.7	•		FL	•] • • [•	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such chang	ge was autnoria	izea by tr	named cor ne corpora	rporation submits this stateme tion's board of directors. I her	int for the purpose of eby accept the appoi	changing i intment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registe	ered Agent :	signature requi	red when reinstating)	DATE		
12.		D DIRECTORS	1	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECT	TORS IN 12
TITLE	PD	DE	ELETE 1.	.1 TITLE				Chang	e 🔲 Addition
4	PD ARIAN RIM	D		.1 TITLE .2 NAME				Chang	e
NAME	ABIAD, RIM	- '	1.3	.2 NAME	ADDRESS			Chang	e
NAME STREET ADDRESS	ABIAD, RIM 11310 S. ORANGE BLOSSOM	- '	1.1	.2 NAME .3 STREET A				Chang	e
NAME STREET ADDRESS CITY-ST-ZIP	ABIAD, RIM 11310 S. ORANGE BLOSSOM ORLANDO FL 32837	TRAIL #188	13 13 14	.2 NAME .3 STREET A .4 CITY-ST-				☐ Chang	
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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, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR