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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008128

1. Corporation Name

FOSTER INTERNATIONAL REALTY CORP

19495 BISCAYNE BLVD SUITE 403 MIAMI FL 33180
2a. Mailing Address

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90011 046 ***150.00

Principal Place	e of Business	Mailing Address								
19495 BISCAYNE BLVD., SUITE 403		19495 BISCAYNE BLVD., SUITE 403								
MIAMI FL 33180		MIAMI FL 33180				DO NOT WRITE IN THIS SPACE				
								115 SPACE		
						3. Date Incorporated	or Quained			
						01/23/1998		1 1 4	-1:-4	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 65 - 08/0			plied For	
21		26				03-0010	1266		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5: Certificate of Status	Desired 🔲	\$8.75 ,A		
22		27							<u> </u>	
City & State	re e	City & State				6. Election Campaign		\$5.00	. 1	
23		28				Trust Fund Contrib		Added to	o Fees	
Zip	Country	Zip	Cour	itry		8. This corporation of		Intangible		
24	25	29	30			Personal Property			□No	
.,	9. Name and Address of Curren	t Registered Agent				10. Name and Addres	ss of New Register	ed Agent		
			ľ	81	Name					
	TER, SHARON		ŀ	82	Street Addre	ess (P.O. Box Number is	Not Acceptable)			
	95 BISCAYNE BLVD., SUITE 403									
MIAN	/II FL 33180			83						
					0"			85 Zip C	ode	
				84	City		F		Joue	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the ab	ove-	-named corpo	oration submits this states	ment for the purpose	of changing its	registered	
office or r	edistered agent, or both, in the State	of Florida. Such change was at	utnorizea	DY U	the corporatio	n's board of directors. I h	ereby accept the ap	pointment as req	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fior	iida Statu	les.						
SIGNATURE	Signature, typed or printed name of registered ager	NOTE:	5		Lougnature required	when reinstating)	DATE		· '	
				-gent	signature required	ADDITIONS/CHANG	GES TO OFFICERS	-	RS IN 12	
12.	OFFICERS AN	ID DIRECTORS	13.		Signature required		GES TO OFFICERS	-	RS IN 12	
12. TITLE	OFFICERS AN	ID DIRECTORS	13.	LE	Signature required		GES TO OFFICERS	AND DIRECTO		
12. TITLE NAME	OFFICERS AND D FOSTER, SHARON	ID DIRECTORS	13. 1.1 TITI 1.2 NAI	LE			GES TO OFFICERS	AND DIRECTO		
12. TITLE NAME STREET ADDRESS	OFFICERS AND D FOSTER, SHARON 19495 BISCAYNE BLVD., SUITE	ID DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	LE ME REET/	ADDRESS		GES TO OFFICERS	AND DIRECTO		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS