PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000021317

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90030 001 ***158.75

חומטרא ו	INTERNATIONAL, INC.							
Principal Place of Business		Mailing Address						
102 SOUTH PEN	IINSULA DRIVE		02 SOUTH PENINSULA DRIVE					
SUITE 3 SUITE 3						DO NOT WRITE IN THIS SPACE		
DAYTONA BEAC	DAYTONA BEACH FL 32118	IONA BEACH PL 32110			3. Date Incorporated or Qualifed			
						03/06/1998		
2. Principal Place of Business 2a. Mailing Address			.			4. FEI Number Applied For		
21	300 4. B25	261				59-3496642 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				5. Solutions of State		
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip Country				8. This corporation owes the current year Intangible		
24	25	29 3	<u>ol</u>			Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		B1)	Name	10. Name and Address of New Registered Agent		
***	DIL AMOVED			• 1	Name			
AMERILAWYER			1	82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
	almeria avenue Al gables fl 33134							
COR	AL GABLES FL 33134			83				
			Į.	84	City	FL 85 Zip Code		
				ᆚ				
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 a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statul	tes.				
SIGNATURE					 	d when rejustating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	igent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		DELETE	1.1 TITL			☐ Change ☐ Addition		
1	PSTD DADAG D	<u></u>	1.2 NAN		}			
NAME	RAWAL, PARAS P 102 SOUTH PENINSULA DRIVE		1		ADDRESS)			
STREET ADDRESS			1.4 CM		ĺ			
CITY-ST-ZIP	DAYTONA BEACH FL 32118	☐ DELETE	2.1 TITL			Change Addition		
TITLE			2.2 NAA		ļ	1		
NAME	_				ADDRESS	, a second		
STREET ADDRESS			2. 4 CIT		ĺ			
CITY-ST-ZIP	[] DELETE		3.1 TITLE			☐ Change ☐ Addition		
NAME			3.2 NA	ΜE	}			
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CIT	ry-ST	-ZIP			
TITLE		☐ DELETE	4.1 7171			☐ Change ☐ Addition		
NAME			4.2 NA	ME	- 1			
STREET ADDRESS			4.3 STF	REET A	ADDRESS (na managan ang ang ang ang ang ang ang ang a		
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TIπ	LE		☐ Change ☐ Addition		
NAME			5.2 NAJ	ME	Ì			
STREET ADDRESS			5.3 STF	REET	ADDRESS			
CITY-ST-ZIP	}		5.4 CIT	Y-ST-	ZIP			
TITLE	 	☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition		
NAME	,		6.2 NA	ME	(×		
STREET ADDRESS			6.3 STF	REET	ADDRESS (·		
CITY-ST-ZIP			6.4 CIT	Y~ST-	ZIP			
OII 1-01-LIF				4:		Section 119 07/3/6) 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. 14. I hereby certify that the information supplied

SIGNATURE: