PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90057 045 ***150.00

DOCUMENT #	P98000025804
1 Composition Marso	

	NTERNATIONAL SALES, IN									
Principal Place	of Business	Mailing Addres								
438 LINCOLN R		438 LINCOLN R MANU BEACH F								
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						3. Date incorporated or Quali	fed			
	•		_			03/18/1998				
2. Principal Pl	ace of Business	2a. Mailing Add	iress			4. FEI Number	-0<1	<u> </u>	optled For	
21	·	26				65-0845	8.24		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. 1	#, etc.			5. Certificate of Status Desired	d 🗆	\$8.75 / Fee Re		
22		27 City & State	<u> </u>			& Floring Commiss Financi			May Be	
City & State	سے ہیں۔ یہ شہ اس	City & State	۰. 	- - -			ng 🗇	Added		
Zip Zip	Country	28		Country	, – –	8. This corporation owes the	current year in			
24	25	29	30	ໆ ′		Personal Property Tax.		Yes	□No	
44	9. Name and Address of Curren					10. Name and Address of Ne	w Registered	Agent		
				81	Name				ſ	
	PKINS, HARRY			82	Street Ade	dress (P.O. Box Number is Not Acc	eptable)			
	LINCOLN ROAD STE 258			<u> </u>						
MIAN	NI BEACH FL 33139			83	1			•		
				84	City			85 Zip	Code	
	· ·			1			<u>FL</u>		eletered	
	·				<u></u>	the state of the s	Manager and			
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Flo	rida Statutes,	the above	e-named cor the corpora	rporation submits this statement for	the purpose of coept the appo	i changing its intraent as re	gistered	
11. Pursuant office or o agent. I a	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607,1508, Flo of Florida, Such cha tions of, Section 607	rida Statutes, inge was auth 7.0505, Florida	the above orized by a Statutes	re-named corpora the corpora	rporation submits this statement for tion's board of directors. I hereby a	the purpose of ccept the appo	intment as re	gistered	
11. Pursuant office or negent. I as	•						the purpose of coept the appo	introent as re	registered egistered	1
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.				rporation submits this statement for stion's board of directors. I hereby a and when releasing) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	ORS IN 12	(98)
1	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if appacable.		gistered Ager		ired when reinstating)	DATE		<u></u>	(11/98)
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if appacable.	(NOTE: Ra	gistered Ages 13.		ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	134 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered ages OFFICERS AN	nt and title if appacable.	(NOTE: Ra	13. 1.1 TITLE 1.2 NAME		ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signeture, typed or printed name of registered ages OFFICERS AND RAW, JOSE	nt and title if applicable.	(NOTE: RA	13. 1.1 TITLE 1.2 NAME	RI Signature requi	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME	OFFICERS AND RAW, JOSE 438 LINCOLN ROAD	nt and title if applicable.	(NOTE: Ra	13. 1.1 TITLE 1.2 NAME 1.3 STREE	RI Signature requi	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND RAW, JOSE 438 LINCOLN ROAD	nt and title if applicable.	(NOTE: RA	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	RI Signature requi	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND RAW, JOSE 438 LINCOLN ROAD	nt and title if applicable.	(NOTE: RA	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	RI Signature requi	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12	CR2E034 (11/98)
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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 807. 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.

SI	GN	ΔTI	IRF

SIGNATUR	TE PROUNTED
GNATURE AND TYPED OR PRINTED NAME	OF SKINNING OFFICER OR DIRECTOR