

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 010 ***150.00

DOCUMENT # P98000027301

1. Corporation Name

F.N.5. INTERNATIONAL INC.

Principal Place of Business

6315 Maynada Street
Coral Gables, FL 33146

Mailing Address

6315 Maynada Street
Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 27, 1999

2. Principal Place of Business

21 520 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 0-305

City & State

23 Miami, FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 520 Brickell Key Drive

Suite, Apt. #, etc.

27 Suite 0-305

City & State

28 Miami, FL

Zip

29 33131

Country

30 US

4. FEI Number

65-0822067

XX

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Arencibia, Rene
6315 Maynada Street
Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name

Freeman, Stephen A.

82 Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive

83 Suite 0-305

84 City

Miami

FL

85 Zip Code

33131

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME Arencibia, Rene
STREET ADDRESS 6315 Maynada Street
CITY-ST-ZIP Coral Gables, FL 33146

TITLE D ☐ DELETE
NAME Filho, Ismael B.
STREET ADDRESS 6315 Maynada Street
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P,S,D ☐ Change ☒ Addition
1.2 NAME Maltseva, Inna
1.3 STREET ADDRESS 520 Brickell Key Drive, Suite 0-305
1.4 CITY-ST-ZIP Miami, Florida 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: I Maltseva Inna Maltseva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 305-374-3800
Date Daytime Phone #

CR2E034 (1/98)