SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90016 036 \*\*\*150.00

**FILED** 

1999

DOCUMENT # P98000029653

| MULITIHADET  | INTERNATIONAL CORP   |   |  |  |                |  |                         |  |                              |
|--|--|---|--|--|----------------|--|-------------------------|--|------------------------------|
|  |  | 14. Tr 14.  |  |  |                | <u> </u>   |                         | <b>             </b>   | <b>!!!</b> !                 |
| Principal Place of Business Mailing Address  |  |   |  |  |                |  |                         |  |                              |
| 7833 NW 72 AVE     7833 NW 72 AVE     MIAMI FL 33166   MIAMI FL 33166  |  |   |  |  |                |  |                         |  |                              |
| MILMIT I C 05100   |  | MINMI I L SOICO   |  |  |                | DO NOT WRITE   | N THIS SPACE            | <b>=</b>   |                              |
|  |  |   |  |  |                | 3. Date Incorporated or Qualified  |                         |  |                              |
|  |  |   |  |  |                | 03/31/1998   |                         |  |                              |
| 2. Principal Place of E  |  | 2a. Mailing Address   | _  |  |                | 4. FEI Number  |                         | Applied F  | or                           |
|  | NW S2ST  | 26  |  |  |                | 650 825652   |                         | Not Applic   |                              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |                | 5. Certificate of Status Desired   |                         | 75 Addition  | al                           |
| 22 201   |  | 27  | _  |  |                |  | _                       | e Required   |                              |
| City & State   | FI.  | City & State  |  | _  |                | 6. Election Campaign Financing Trust Fund Contribution                                   |                         | .00 May Bo   |                              |
| Zip  | Country  | Zip   | Cou  | ntry   |                | 8. This corporation owes the current   | , L                     |  |                              |
| 24 33 166  | 25 USA   | 29  | 30   | 1  |                | Intangible Personal Property.  | Yes                     | U No   |                              |
| 9. N   | lame and Address of Current  | Registered Agent  |  | 81 Na  |                | 10. Name and Address of New Reg  | stered Agent            |  |                              |
| CIURA, FRA   | ZNICISCO   |   |  | ויסן   | ime .          |  |                         |  |                              |
| 7833 NW 72   |  |   | j  | <b>82</b> St   | reet Addre     | ess (P.O. Box Number is Not Acceptable   | )                       |  |                              |
| MIAMI FL 33  |  |   |  | 83   |                |  |                         | <del></del> -,   |                              |
| I I I I I I I I I I I I I I I I I I I  | 0100   |   |  | 83   |                |  |                         |  |                              |
|  |  |   |  | <b>84</b> Ci   | ty             |  | FL 85                   | Zip Code   |                              |
| 11. Pursuant to the p  | provisions of sections 607.0502  | and 607 1508 Elorida Statuta  | - Abb  | <del></del>  | od comor       | ation automita this statement for the nurse  | se of changing          | ite regieteres   |                              |
| l office or registers  | ed agent or both in the State o  | d Elocida. Such change was a  | いけいへのてかん   | T hi/ the  | corporatio     | ador submits this statement for the purpo<br>on's board of directors. I hereby accept th | e appointment           | as registered  | 3                            |
| office or registere<br>agent. I am famil   | ed agent, or both, in the State of<br>iliar with, and accept the obligat   | d Elocida. Such change was a  | いけいへのてかん   | T hi/ the  | corporatio     | auon submits this statement for the purpo<br>n's board of directors. I hereby accept th  | e appointment           | as registered  |                              |
| office or registere agent. I am famil  | red agent, or both, in the State of<br>iliar with, and accept the obligat<br>b, typed or printed name of registered agent  | of Florida. Such change was a ions of, section 607.0505, Florida and title if applicable. (NC                                 | orida Stat   | a by the<br>utes.  | corporatio     | in a board of directors. I nereby accept the   | DATE                    | as registered  | -                            |
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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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP