**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

corperation	MENT # P98( ASTER INTERNATION						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place	e of Business	Mailing Address		- C PANTENDE I FIRE SATURE STEUL GREUS AN	iisi marii maras	110 <b>0 1136</b> 11 <b>0</b> 11	Diårt timi tami
8436 NORTHWEST 61ST STREET 8436 NORTHWEST 61ST ST MIAM! FL 33166 8436 NORTHWEST 61ST ST			STREET	So you was	TE MI TURC	CD4.CF	
				3. Date Incorporated or Qualifed	IE IN ITIS	SPACE	
•				04/08/1998			
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number		F	plied For
1		26			<u></u>		t Applicable_
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	
2		27 City & State -		* '8; Election Campaign Financing		\$5.00	
City & State	•	28		Trust Fund Contribution		Added t	
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Inta	ıngible	
4 ·	25	29	30	Personal Property Tax.			□No
<del>71 : .</del>		f Current Registered Agent		10. Name and Address of New I	Registered /	\gent	
			81 Name	LBERTO F.LUEDDECKENS	<u> </u>		
AMERILAWYER		82 Street Add	ress (P.O. Box Number is Not Accept	ble)			
343	ALMERIA AVENUE		27	ress (P.O. Box Number is Not Accept 02 THOMAS ST			
POP	WL GABLES FL 33124		83				
			84 City			85 Zip (	Code
	<b>:</b>	_	ነ ነ ነ ነ	LLYWOOD	FL	1   330	020
	m familiar with, and accept the	e obligations of, Section 607,0505, Fi	authorized by the corporati orida Statutes.	oration submits this statement for the on's board of directors. I hereby acce	ot the appoir	niment as rec	gistered
SIGNATURE	Signature, typed or printed name of regi	istored agent and title if applicable. (NOT	E; Registered Agent signature require	d when reinstating)	DATE	7777	<u></u>
SIGNATURE	Signature, typed or printed name of regi	///			DATE	7777	<u></u>
SIGNATURE 12.	Signature, typed or printed name of rigin	into ed agent and title if applicable. (NOT ERS AND DIRECTORS	E: Registered Agent signature require 13.	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TILE  WANTE	Signature, typed or priviled name of right  OFFICE  PSTD  ESTRIJE; MYRTHA	attined agent and tide if applicable. (NOT ERS AND DIRECTORS	E: Registered Agent signature require  13.  1.1 TITLE	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS	Signature, typed or privided name of right DEFFICE PSTD ESTRUE; MYRTHA & RAME NORTHWEST 61S	attined agent and tide if applicable. (NOT ERS AND DIRECTORS	E: Registered Agent signature require  13.  1.1 ITTLE  1.2 NAME	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-81-ZIP	Signature, typed or priviled name of right  OFFICE  PSTD  ESTRIJE; MYRTHA	attined agent and tide if applicable. (NOT ERS AND DIRECTORS	E: Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12
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SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	Signature, typed or privided name of right DEFFICE PSTD ESTRUE; MYRTHA & RAME NORTHWEST 61S	istored agent and title if applicable. (NOT ERS AND DIRECTORS DELETE	E: Registered Agent algorithm require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	d when reinstating)	DATE FICERS AN	D DIRECTO Change	RS IN 12
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CITY-ST-ZIP. 14. 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 ennual 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 appendiress, with all other like empowered.

SIGNATURE:

SUCCESSIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90068 013 \*\*\*150.00