

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90146 039 ***150.00

DOCUMENT # P98000033579

1. Corporation Name

KAISUN INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

~~1001 BRICKELL BAY DRIVE SUITE 2702~~
~~MIAMI FL 33131-4940~~

~~1001 BRICKELL BAY DRIVE SUITE 2702~~
~~MIAMI FL 33131-4940~~

9851 SW 72 Ct.
Miami, FL 33156

P.O. Box 565447
Miami FL 33256-5447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 9851 SW 72 Ct.
Suite, Apt. #, etc.

26 P.O. Box 565447
Suite, Apt. #, etc.

22

27

23 City & State
Miami FL

28 City & State
Miami FL 33256-5447

24 Zip Country
33156 USA

29 Zip Country
33256-5447 USA

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

65-0840541

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

Trust Fund Contribution

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WAYNE, GEOFFREY M.~~
~~1001 BRICKELL BAY DRIVE SUITE 2702~~
~~MIAMI FL 33131-4940~~

81 Name Cristina Figarola

82 Street Address (P.O. Box Number is Not Acceptable)
9851 SW 72 Court

83

84 City Miami

FL

85 Zip Code
33156

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 X Cristina Figarola

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE D
NAME FIGAROLA, CRISTINA
STREET ADDRESS 1001 BRICKELL BAY DRIVE SUITE 2702
CITY-ST-ZIP MIAMI FL 33131-4940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME b, P, S
Figarola, Cristina
1.3 STREET ADDRESS 9851 SW 72 Ct.
1.4 CITY-ST-ZIP Miami, FL 33156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(305) 665-5929

Date

Daytime Phone #

CR2E034 (1/98)