FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90174 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000039208

1. Corporation Name

OUR HOUSE INTERNATIONAL, INC.

							,				
Principal Place of Business		Mailing Address					יותו ושוטו סוו ותפווסטו ו	ת היו מער היות על ההיקום ה	ו נופוו פוןפו פוווו	ALBI 1911 1993	
3900 NW 79TH AVENUE		3900 NW 79TH AVENUE									
SUITE 529		SUITE 529									
MIAMI FL 33166		MIAMI FL 33166					DO NOT WRITE IN THIS SPACE				
							3	. Date Incorporated or C	tualifed		
								04/30/1998			
2. Principal Place of Business			2a. Mailing Address				- 4	. FEI Number		Apr	
21			26								Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.					Certificate of Status De	sired	_\$8.75 A	
22		27								Fee Red	quired
City & State)	\perp	City & State				6	i, Election Campaign Fin	ancing	\$5.00	vlay Be
23 .	_	28						Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country		Zip	Cou	ntry		8	. This corporation owes	the current year int		_
24	25	29	3	30				Personal Property Tax		☐Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent				10). Name and Address o	f New Registered	Agent	
					81	Name					
JEWETT, IVETTE				Y	82 Street Addre			P.O. Box Number is Not	Accontable)		
13000 SW 80TH ST #101						Sueet	Address (F.O. Box Number is Not	Acceptable)		i
MIAMI FL 33182				İ	83						
									·····		
	•				84	City			FL	85 Zip C	ode
	to the provisions of Sections 607.0502		INT AFON PILES - DALLAS				1 0 5011	an aubmita this statement		changing its	neretered
office or re	to the provisions of Sections 607,050, egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florid	da. Such change was aut	thorized	DУ	the corpo	poration's t	poard of directors. I heret	by accept the appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if contingation	Pagistarad	Anen	t cionatura r	required when	(coinstation)	DATE		
12.	OFFICERS AN			13.	Agen	it signatore i	reduiled who	ADDITIONS/CHANGES		ID DIRECTO	RS IN 12
TITLE	PTD	DUNE	DELETE	1.1 TIT	1 F			ADDITIONOLITINGES	10 077 10211071	Change	Addition
}											
NAME	JEWETT, FRANKLIN C			1.2 NA							i
STREET ADDRESS	13000 SW 80TH ST #101			ı		ADDRESS	`[•	•		{
CITY-ST-ZIP	MIAMI FL 33182		_	1.4 CITY-ST-ZIP			·			Addition	
TITLE	SVD DELETE			2.1 ππ.E					☐ Change	Addition	
NAME	JEWETT, IVETTE			2.2 NA	ME			•			ļ
STREET ADDRESS	13000 SW 80TH ST #101			2.3 ST	REET	ADDRESS	i				
CITY-ST-ZIP	MIAMI FL 33182		2.4 CI	2. 4 CITY-ST-ZIP							
TITLE	☐ DELETE		3.1 111	3.1 TITLE					Change	☐ Addition	
NAME	•			3.2 NA	ME						}
STREET ADDRESS				3.3 ST	REET	ADDRESS	:]				ſ
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CITY-ST-ZIP			□ DELETE	4,1 TIT		1-2IF	 			Change	Addition
				4.2 N							
NAME						*********	.]``				1
STREET ADORESS						ADDRESS	`]
CITY OF 7ID 1				■ 44C0	Y- 51	1.767					II

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 ÇITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 19 14 20 200

CITY-ST-ZIP LED \$ SET SOLES SEE SELECT

TIMEL NELL

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

☐ Change

☐ Change

Addition

☐ Addition