

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
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000044879

1. Corporation Name

ADOBE INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 18 AM 10:08



05-06-99 90119 011

DO NOT WRITE IN THIS SPACE

\$150.00

Principal Place of Business

4565 PONCE DE LEON BLVD.
SUITE 100A
CORAL GABLES FL 33146

Mailing Address

4565 PONCE DE LEON BLVD.
SUITE 100A
CORAL GABLES FL 33146

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/19/1998

4. FE Number

65-0836295

Applied For

No 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

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SLIFE, ROBERT C
STREET ADDRESS 4565 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

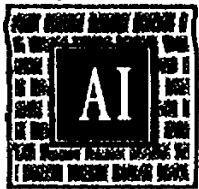
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



ADOBE
INTERNATIONAL, INC.

ADOBE INTERNATIONAL, INC.

3148 NW 72ND AVE.

Miami, Florida 33122 USA

Tel: (305) 594-2155 Fax: (305) 594-8996

E-mail: ADOBEBLK@AOL.com

October 13, 1999

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

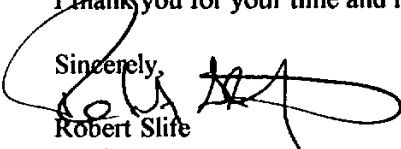
I am writing you today out of concern that you cancelled my company. I have made the proper payment of \$150.00 which you deposited on May 6th, 1999. You sent me the filing form back saying that it was incomplete due to the fact that I did not include the Federal Tax ID number (65-086295). I received it at the end of May, filled in the number (please see attached copy) and sent it back to you in the first few weeks of June.

After speaking with you office on October 12, 1999, I was informed that you have cancelled my company. I am trying to sell my company at the present time. This is going to cause me a huge problem. I am sorry that you did not receive the form that I sent back to you, but it would of been nice if I was notified before you cancelled my company.

I am sending you another copy of the completed form. I would be grateful if you could please reinstate my company as soon as possible. Please give me a call at (305) 775-4116 to let me know if there is any other information I can supply you to help speed up this process.

I thank you for your time and hope that you will be able to help me in this regard.

Sincerely,


Robert Slife
President