PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT, OF STATE Katherine Harris

FILED

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90013 014 ***550.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052616

1. Corporation Name

Principal Place of Business

SIGNATURE:

CORNERSTONE INTERNATIONAL CONSULTANTS, INC.

568 ORANGE D	rive apt 49 Prings FL 32701	558 ORANGE ORIVE APT 49 ALTAMONTE SPRINGS FL 32701				, DO NOT WID	TO IAI TUIC C	DACE	
					ļ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					- 1	06/05/1998			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FE) Number		Ap	plied For
21	age of coamous	26			- 1	59-3516930		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	<i>(</i>		8. This corporation owes the cum		gible TYes	⊠No I	
24	25	29 30	<u> </u>			Personal Property Tax.			EINO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									
LONG. OMETRIAS D						(D.O. Say Newhorks in Net Account	-bla\		
	W COLONIAL DR STE 102		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	ANDO FL 32804			83					
			84	City				85 Zip (`ode
			- 1	1 ′			FLI		ŀ
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 egent, 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 a OFFICERS AND		13.	nt ingheoure i	required wit	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	_	1005	RS. TREASURER		Change	Addition
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NAME			32 NAME						Į.
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TITLE		☐ DELETE	5.1 TITLE				ì	Change	□ mai/at/
NAME			6.2 NAME	3 1880en-					į
STREET ADDRESS				ADDRESS	1				
CITY-ST-ZIP	Carlo de la carlo	this files done not available to the	6.4 CITY-5		ed in Sec	tion 119.07(3)(i) Florida Statutes	I further certify	that the in	nformation
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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 cash; that I am an 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 cash; that I am an indicated on this annual report or supplemental annual report is true and the true and true and true and the true and the true and the true a									
indicated on this annual report or supplemental annual report is true and accurate and that my signature was a required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.									