PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

03-23-1999 90019 015 ***150.00

Mar 23, 1999 8:00 am Secretary of State ilibai:

DOCUMENT # P98000061581

1. Corporatio		001001						
ALLSTA	r international corp.							
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Principal Plac	ce of Business	Mailing Address						
12955 BISCAYNE BLVD STE 202 12955 BISCAYNE BLVD STE 20 NO MIAMI FL 33181 NO MIAMI FL 33181						Do MOT MUNICIPALITY	NC CDACE	
						DO NOT WRITE IN THE 3. Date Incorporated or Qualified	115 SPACE	
						1		
		2a. Mailing Addre				07/10/1998 4. FEI Number	TA	oplied For
	Place of Business	2a. Mailing Addres	55			65-0849785	<u> </u>	ot Applicable
Suite, Apt	# atc	Suite, Apt. #, (etc.					Additional
- ''	i. #, diu.	27	-10.	•		5. Certificate of Status Desired		equired
2 City & Sta	da -	City & State:				6. Election Compaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	Intangible	
4	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	t Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	
				81 N	lam e 🕠			
POMERANZ, MARK L				82 S	treet Addre	ress (P.O. Box Number is Not Acceptable)		
12955 BISCAYNE BLVD STE 202								
NO MIAMI FL 33181				83		·		
				84 C	City		. 85 Zip	Code
				1 1 1	•	ration submits this statement for the purpose n's board of directors. I hereby accept the ap		
SIGNATURE	Signature, typed or printed name of registered agen	st and title if applicable.	(NOTE: Registere	d Agent eig	mature required			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	□ DEI		ULE .			Change	And inci
NAME	FRANCO, RAFI			ME	1			
STREET ADDRESS)2		TREET ADO	DRESS			
CITY-ST-ZIP	NO MIAMI FL 33181		140			· · · · · · · · · · · · · · · · · · ·		
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NAME		DE	LETE 2.1 T	m.E		e ea.	; Change	☐ Addition
		☐ DE	LETE 2.1 T	ITLE JAKE	P	e ea.	; Change	☐ Addition
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C/TY-ST-ZIP	s		2.1 T 2.2 N 2.3 S 2.46	TITLE LAME STREET ADD CITY-ST-21	DRESS	· • • • • • • • • • • • • • • • • • • •		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			21T 22M 23S 246 241 311 32M 23S 344 LETE 411	TITLE STREET ADD COTY-ST-ZE TITLE HAME STREET ADD COTY-ST-ZE TITLE	P DRESS			
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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 ecciver 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JARE REQUIREDA

3/18/99 305 203 4440