FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 045 ***150.00

E PROGRODIT FOR RELEAT ROLLT CORRECTIONS ABOVE CORRECTION AND ALLER ALLERS FROM A PROGRESS AND A PROGRESS FROM

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065138

1. Corporation Name

CR INTERNATIONAL INVESTMENTS, INC.

		_					i i i i i i i i i i i i i i i i i i i
Principal Flace of Business Mailing Address							f 18861884 lik fåldt sein antit bætt antit baten åren krint tidad tiret innt sæbr
ONE SOUTHEAST THIRD AVENUE SUITE 2200		ONE SOUTHEAST THIRD AVENUE SUITE 2200			DO NOT WRITE IN THIS SPACE		
MIAM! FL 3313	'	MIAMI FL 33131			3. Date Incorporated or Qualified		
							07/23/1998
2. Principal P	face of Business	2a. Mailing Address					4 FELNumber Applied For
21		26					65-0855303 No Applicable
Suite, Apt.	#, etc.	Surte, Apt. #, etc.					\$8.75 Additional
22		27					5. Certificate of Status Desired Fee Re puired
City & Stat	le	City & State					6. Electic n Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30					Personal Property Tax.
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Registered Agent
MAC	NAME AND EDGEDT D		١	31	Name		
	Caulay, Rob ert B E southeast third avenue		8	32	Street	et Arldress (P.O. Box Number is Not Acceptable)	
	E 2200		- ا				
	MI FL 33131			33			
IAN	WITE 20131			34	City		85 Zip Code
			\perp			FL 00 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
office cr	egistered agent, or bo h, in the State c	f Florida. Such change was ∷	uthorized t	oy t	-namea the corpo	oc rpor oration	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statut	es.			
SIGNATURE	Signature, typed or printed na ne of registered agent	ANOT:			*:		when reinstating) DATE
12,	DIRECTORS (NOT:	(NOT-3: Registered Agent signature requirement 13.			equirea v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	PD	☐ DELETE	1.1 TITLE	Ξ		abla	Change Addition
NAME	UNDERWOOD, PATRICIA		1	1.2 NAME			
STREET ADDRE S	STREET 35, AVENUES 10-12			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN JOSE, COSTA RICA		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITL8	_			☐ Change ☐ Addition
NAME	BRENES, JOSE H		2.2 NAM	E			
STREET ADDRESS	STREET 35, AVENUES 10-12		2.3 STREET ADDRESS				
CITY-ST-ZIP	SAN JOSE, COSTA RICA		2.4 CIT				
TITLE	D	☐ DELETE	3.1 TITLE				Change Addition
NAME	BRENES, MARCOS JR.		3.2 NAME				
STREET ADDRESS			3.3 STRI	EET,	ADDRESS	}	
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	5		Asc	istant secretary Change XAddition
NAME			4. 2 NAM	Æ		Fed	derico Jenkins e SE Third Dve, Ste. 2200
STREET ADDRESS		4		4.3 STREET ADDRESS (One	e SE Third Due, Ste. 2200
CITY-ST-ZIP		l·		4.4 CITY-ST-ZIP		Mi	ami, FL 33131
TITLE		☐ DELETE	5 1 TITLE				☐ Change ☐ Addition
NAME			5.2 NAM	E			
STREET ADDRESS			53 STR	EET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change ☐ Addition
NAME			62 NAM	E			

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 uniter oath; that I aim 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES 3

CITY-ST-ZIP

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR