FILED

Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90005 014 ***550.00

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 #
1. Corporation Name P98000069333

SFS INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address						T INNSTRUM 114 SUINT INNST NUMBER ON THE ORGANI MONTH WITH	16 IRINA 11188 IFIRE 1111 1961
4965 N UNIVERSITY DR. STE 20A 4965 N UNIVERSITY DR. ST			R. STE 20A				
LAUDERHILL FL 33351-4506 LAUDERHILL FL 33351-4506						DO NOT WRITE IN THIS SP	ACE
						3. Date Incorporated or Qualified	
						08/03/1998	1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 26						65-0878059	Not Applicable
	Suite, Apt. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional
22 27						3. Certificate of Status Desired	Fee Required
City & State	& State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28					Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	<u> </u>	ıntry	•	8. This corporation owes the current year	res No
24	25	29	30			Intangible Personal Property. 10. Name and Address of New Registered Agr	
	9. Name and Address of Current	vedistered where		81	Name	10. Hallie alla Address of New Registered Ag	
VENTURINI, DANILO							
				82	82 Street Address (P.O. Box Number is Not Acceptable)		
LAUDERHILL FL 33351-4506			83				
				L			
				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							
					gent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	, ob		ITLE			Change Addition	
NAME	or can, rradio			AME] ;
STREET ADDRESS 4965 N UNIVERSITY DR, STE 20A				1.3 STREET ADDRESS			
CITY-ST-ZIP				TY-\$1	F-ZIP		
TITLE	VTD DELETE 2.1 TI						Change Addition
NAME CHARBEL SALIM, SONIA REGINA 22 NA STREET ADDRESS 4965 N UNIVERSITY DR, STE 20A 23 ST					ADDRESS		
				ITY-ST	1	**	
TITLE	AP DELETE 3.1 TI				1-211		Change Addition
NAME	VENTURINI, DANILO			AME	}	L	, onungo
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP	1 14 1 TO 1 14 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ITY-ST			
TITLE		DELETE					Change Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 \$7	TREET	ADDRESS		-
CITY-ST-ZIP			· 4.4 C	TY-ST	r-ZIP		
TITLE		DELETE	5.1 Ti	TLE			Change Addition
NAME	1		5.2 N	AME			İ
STREET ADDRESS			5.3 \$1	reet	ADDRESS		
CITY-ST-ZIP 5.4 CIT					r-ZIP		
TITLE		DELETE	6.1 TI	TLE			Change Addition

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.

5.2 NAME

6.3 STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP