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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90096 032 ***150.00

DOCUMENT # P98000082878					
UGDEN	INTERNATIONAL INC.		*	1 (SANIBA) 118 (SIA) 1810(BA)(C \$512) 88(() 88(OL ESCON CLOSE COCC (BOOK 1012 1862
		:			
Principal Place	of Rusiness	Mailing Address			01 10155 11001 10111 50001 1815 1001
·	,	•			
25 S.E. 2ND AVENUE 25 S.E. 2ND AVENUE #206					•
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				09/24/1998	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		Suite. Apt. #, etc.		65-0868732	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	⊢ ···· · ·		5. Certifcate of Status Desired	Fee Required
22			6. Election Campaign Financing	\$5.00 May Be	
23	5	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24	25	29 3	0	Personal Property Tax.	¥Yes □No
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
			81 Name		
OGDEN, IRMA			82 Street	Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
25 S.E. 2ND AVENUE					
#206			83		
MIAMI FL 33131			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			' '	F	
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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.	II O	1/2
SIGNATURE	yme M. Du	der PRESIDENT		4-9-9	7
	Signature, typed or printed name of registered deer			required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		ID DIRECTORS	13.	<u> </u>	X Change ☐ Addition
TITLE	D OCDEN IDMA	_ bellie	1.2 NAME	President	<u> </u>
NAME	OGDEN, IRMA		1.3 STREET ADDRESS	Irma Ogden :	
STREET ADDRESS	25 S.E. 2ND AVENUE		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	2.1 TITLE	Vice President	☐ Change X Addition
NAME	•		2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS	Sara Kelly	
CITY-ST-ZIP	• •		2. 4 CITY-ST-ZIP	1100' TOOCH Street	1 22154
TITLE		☐ DELETE	3.1 TITLE	Bay Habour Island, F	Change Addition
NAME	•	_	3.2 NAME		•
STREET ADDRESS	* *		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE**	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME	`	
STREET ADDRESS			4.3 STREET ADDRESS	;	į.
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	100 mm	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	3	Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	.}	
STREET ADDRESS			6.3 STREET ADDRESS	•	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: