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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90251 002 ***150.00

DOCUMENT # P98000087823

Principal Place of Business

SIGNATURE:

INTERNATIONAL FOREIGN EXCHANGE INC.

| 9541 South W Miami Fl 33165 | EST 49TH STREET | MIAMI FL 33165 | | | | | | | | | | |
|---------------------------------|--|---|---------------------|----------------------|----------------|--------------|-----------------------------------|---------------|------------------|---------------------------------------|---------------------------|--------|
| | | | | | | Ĺ | DO NOT WRITE IN THIS SPACE | | | | | 1 |
| | | | | - | | | 3. Date Incorporated or Qualified | | | | | |
| | <u> </u> | | | | | | 10/14/1998 | <u> </u> | | | | _ |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | • | J | 4. FEI Number | 01- | 8059 | <i>-1</i> | pplied For | 1 |
| 1 | <u> </u> | _ 26 | | ٠. ٠ | | | <u> </u> | 76- | 000 | | ot Applicable | ļ |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | 5, Certifcate of S | tatus Desire | d [] | | Additional | |
| 2 | | 27 | | | | } | 5. Certificate of 5 | tatus Desire | <u> </u> | Fee R | equired | 1 |
| City & State | | City & State | City & State | | | | 6. Election Camp | aign Financi | ing 👝 | \$5.00 | May Be | ļ |
| 3 | | 28 | | | | | Trust Fund Co | ntribution | | Added | to Fees | |
| Zip | | | | ntry | | | 8. This corporation | on owes the | current year Int | angible | <i>_</i> | l |
| 4 | 25 29 30 | | | | | | Personal Prop | | | Yes | ,√∐No | j |
| <u>~</u> | 9. Name and Address of Current | | 11 | Г | | 1 | 10. Name and Ad | dress of Ne | w Registered | Agent | |] |
| | <i>9.</i> //ai// ai/a / /a | | | 81 | Name | | | - | | | | |
| TRU. | JILLO, DAVID | | | | | | | | | | | 4 |
| | SOUTH WEST 49TH STREET | | 82 | | | Address | (P.O. Box Number | er is Not Acc | eptable) | | | } |
| | AI FL 33165 | | | 83 | | | | | | | | 1 |
| (All) | M 1 E 50 105 | | | 63 | | | | | | ٠ | | } |
| | | | | 84 | City | | | | F- 1 | 85 Zip | Code | 1 |
| | | | | | | | | | FL | بليك | | _ |
| 11. Pursuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | 2 and 607.1508, Florida Statu | ites, the a | bove | -named | corpora | tion submits this s | tatement for | the purpose of | changing its | s registered egistered | 1 |
| office or r | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida, Such change was a ions of, Section 607,0505, Flo | orida Stat | utes. | uie corpu | orauon s | o coald of director. | 5. 1 HG(GD) 0 | ccept the appoi | TRITION COOK | og.0.0.00 | |
| • | in latiniar with and accept the congen | , | | | • | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOT | E: Registered | Agen | t signature r | equired wh | en reinstating) | | DATE | | |] á |
| 12. | OFFICERS ANI | | 13. | | | - | . ADDITIONS/CH | ANGES TO | OFFICERS AN | D DIRECT | ORS IN 12 | /11/98 |
| TITLE | D · | DELETE | 1.1 TI | TLE | | | ` | _ | | Change | ☐ Addition | 1 |
| NAME | TRUJILLO, DAVID | | 12 N | 1.2 NAME | | ļ | | | | | | 7 |
| OF 44 COLUMN WEST ASTILL STREET | | | | 1.3 STREET ADDRESS | | | `. , | | | | | `` |
| STREET ADDRESS | MIAMI FL 33165 | -L· | | TY-S | | | | | | | | 2 |
| CrTY-ST-ZIP | | ☐ DELETÉ | | | 1-2.IF | -5 | | | | Change | Addition | 12 |
| TITLE | | | | 2.1 TITLE 22 NAME | | | .) | | | · · · · · · · · · · · · · · · · · · · | | عن: : |
| NAME | GARAY, MARIA P MANAGER | | | _ | - 1 | | | | | | | |
| STREET ADDRESS | 9541-SOUTH WEST 49TH STRE | EEI | 2.3 \$ | TREET | ADDRESS | ľ | 1.5 | • | | | | 1 |
| CITY-ST-ZIP | MIAMI FL 33165 | | _ | ITY-S | T-ZIP | | 3 | | | | | ┨ |
| TITLE | <i></i> | ☐ DELETE | 3,1 T | TLE | | | | | | Change | ☐ Addition | 1 |
| NAME | | | 3.2 N | AME | | { | | | | | | |
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| CITY-ST-ZIP | <u></u> | | | ITY-S | T-ZIP | <u> </u> | | | | | | 4 |
| TITLE | | ☐ DELETE | 6.1 T | ITLE | | 1 | ٠. | | | Change | Addition | 1 |
| NAME | | | 6.2 N | AME | | | | | | | | |
| STREET ADDRESS | | | 6.3 S | TREE | TADORESS | 1 | | | | | | 1 |
| J | 1 | | | | | 1 | | | | | | 1 |

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.