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

DOCUMENT # P98000089262

1. Corporation Name

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90073 020 ***150.00

EJG INTERNATIONAL INC				RAPIA (ANSA 31810 MILIA 1185 1881
				;
Principal Place of Business	Mailing Address			(NISO JOSEN ILIDIO DI JILO 1806 LEDI
10408 SW 49 PLACE	10408-SW-49-PLACE-			
COOPER CITY FL 33328	COOPER-CITY-FL-99928		DO MOT MODITE IN THIS	00405
			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
18: 48	To Maile Address		10/19/1998 4. FEI Number	X Applied For
2. Principal Place of Business	2a. Mailing Address	1 4	#, 1 L1 Number	Not Applicable
Suite, Apt. #, etc.	26 677 35 77 Suite, Apt. #, etc.	h Avenue		\$8.75 Additional
	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State	* ***	6. Election Campaign Financing	\$5.00 May Be
23	28 FORT LANDER	DALE FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	angible
24 25	29 33301 31	OSA	Personal Property Tax.	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
001 0511 5010 1		81 Name	E. SCOTT GOLDEN	
GOLDEN, ERIC J		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
10408 SW 49 PLACE		6	344 S.E. 4th Avenue	
COOPER CITY FL 33328		83		
		84 City		85 Zip Code
See all Services		Fo	at Laudendale FL	33301
agent. I am familiar with, and accept the obligation	ons of, Section 607,0505, Florid	Statutes.		
SIGNATURE		off / Wed	E. SCOTT GOLDEN	<u> </u>
Signature, type or printed name of registered agent OFFICERS AND		edistered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
	DELETE	1.1 TITLE	DIRECTOR/PRESIDENT	☐ Change
NAME S			ERIC J. GOLDEN	ļ
STREET ADDRESS		1.3 STREET ADDRESS	10408 S.W. 49 PLACE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	COOPERCITY, FL 33328	ļ
TITLE	☐ DELETE	2.1 TITLE	DIRECTORISECY/TREASURER	☐ Change
NAME		2.2 NAME	DENISE A. GOLDEN	
STREET ADDRESS		2.3 STREET ADORESS	10408 SW 49 PLACE	}
CITY-ST-ZIP		2.4 CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		ľ
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	,	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		- FALSE
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	•	1
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITLE	• .	Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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.

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR