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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000093333 1. Corporation Name

## **FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90103 033 \*\*\*150.00

LEEWARD INTERNATIONAL, INC.				1			
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Principal Plac	e of Business	Mailing Address			-{ · I (RÉGIREN) SIN (NIN) (NIS) NESIT COURS EN	irsi <b>nesia inida i</b> lte <b>n</b> tiint	A CLING 1950 CONT
757 SE 17TH STREET 757 SE 17TH STREET						•	
SUITE 213 SUITE 213							
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316					DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualifed		ſ
2 Date in al D	Name of Floring	On Mailing Address			11/02/1998 4. FEI Number		
<b>-</b>	Place of Business	2a. Mailing Address			65-0870641	<b>├─</b> ──	pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				¢2 75	ot Applicable
22	<i>H</i> , 600.	27			5. Certificate of Status Desired	Fee Re	1
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Bo
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29	10		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
			81  Nai	ne			[
SAEZ, JOVANNI			82 Str	et Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>	
757 SE 17TH STREET							
i	E 213		83				)
FOR	T LAUDERDALE FL 33316		84 City	,		85 Zip (	Code
L			1 ( '			FL ( ) '	f
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-nam	ed corpo	ration submits this statement for the purpose board of directors. I hereby accept the	pose of changing its appointment as re-	registered aistered
agent. I a	m familiar with and accept the obligati	ous of, Section 607.0505, Florid	la Statutes.	3, pa, au	to bodie of all dollards that boy is body the	. 1 /	}
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SIGNATURE	- HOWANDS	dra-				15/99	
SIGNATURE	Signature, typed of printed name of registers agent	and title if applicable. (NOTE: R	egistered Agent signal		when reinstating)	5/5/9'9 DATE	
SIGNATURE	Signature, hyped or printed name of register again.  OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signal			ASJ99 RS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed of printed name of registrand agrams OFFICERS AND	and title if applicable. (NOTE: R	13.		when reinstating)	5/5/9'9 DATE	
SIGNATURE.  12.  TITLE  NAME	Signature, typed of printed name of registrand agent OFFICERS AND COSTA, MARIA	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ure required v	when reinstating)	ASJ99 RS AND DIRECTO	PRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed of printed name of registrand agent OFFICERS AND PCB COSTA, MARIA 757 SE 17TH STREET #213	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	ure required v	when reinstating)	ASJ99 RS AND DIRECTO	PRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registrate agent OFFICERS AND PCB COSTA, MARIA 757 SE 17TH STREET #213 FORT LAUDERDALE FL 33316	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP	ure required v	when reinstating)	ASJ99 RS AND DIRECTO	PRS IN 12
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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 section 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:

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #