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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90036 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000100980

1. Corporation Name  
ALLIANCE INTERNATIONAL INC.

Principal Place of Business  
14535 BRUCE B. DOWNS BLVD.  
SUITE #1714  
TAMPA FL 33613

Mailing Address  
14535 BRUCE B. DOWNS BLVD.  
SUITE #1714  
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3547710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 15210, AMBERLY DRIVE

2a. Mailing Address  
26 15210, AMBERLY DRIVE

Suite, Apt. #, etc.  
22 #2024

Suite, Apt. #, etc.  
27 #2024

City & State  
23 TAMPA, FL

City & State  
28 TAMPA, FL

Zip Country  
24 33647 25 USA

Zip Country  
29 33647 30 USA

9. Name and Address of Current Registered Agent

VISWANATHAN, KARTHIK  
14535 BRUCE B. DOWNS BLVD.  
SUITE #1714  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15210, AMBERLY DRIVE

83 #2024

84 City TAMPA

FL

85 Zip Code 33647

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/07/1999

12. OFFICERS AND DIRECTORS

TITLE PD NAME ☒ DELETE  
14535 Bruce B Downs Blvd  
CITY-ST-ZIP #1714 TAMPA FL 33613

TITLE VI) NAME ☐ DELETE  
14535 Bruce B Downs Blvd  
CITY-ST-ZIP #1714 TAMPA FL 33613

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 15210, AMBERLY DRIVE, #2024  
1.4 CITY-ST-ZIP TAMPA, FL 33647

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 15210, AMBERLY DRIVE, #2024  
2.4 CITY-ST-ZIP TAMPA, FL 33647

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE/GUPTA REQUIRED

02/07/1999

(813) - 977 - 9130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)