2001 UN	HORW BUS	NESS REPO	ri (ark)	/	FILE May 22 200		l am	. 629
DOCUMEN	T#- P97000 0	19144	110	7	May 22, 200 Secretary	of Stat	te	if K
i. Entity Name			M(1)		05-22-2001 90023 0			K
	CA INTERNATIONAL, IN	100						
	ternations			Hev				
Principal Place of Busin	NOS TANDE	Mailing Address S TAMIAMI TRAIL. NOS.	Montes	Sc		·		
ENICE FL 34293		VENICE FL 34293						
					A 18011886 IIR ISBIL IORI SORIE SSEE OREI ORING	(181 9 1818) (588) (1188	1 8181 1891	
2. Principal Place of B	usiness	3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>	-	. DO NOT WRITE IN THI	S SPACE		
City & State		City & State		A FF	Number op_os_por_	TAn	plied For	ר
					3-0928229	No	Applicable	-
Zip	Country	Zip	Country	5. C€	ertificate of Status Desired	\$8.75 Addi Fee Required		
	ame and Address of Current I	Registered Agent	Name	7. Na	me and Address of New Registere	<u>-</u>		1
Stephen Boone"		Name						
	WILLA PD, SUITE-105		Street Address	(P.O. Bo	x Number is Not Acceptable)			1
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Avenida D	el Circo						
Venice	1 FL. 342	88	City		,	Zip Code	·	
8. The above named e	entity submits this statement for	the purpose of changing its re	egistered office or registe	red agen	nt, or both, in the State of Florida.			
SIGNATURE		·						
	yped or printed name of registered agent a		Registered Agent signature require	c when reins	stating) DATE			1
Tax filing requireme	eligible to satisfy its Intangible entland elects to do so.	After MAY 1, 200	! FEE IS \$150.00 1 Fee will be \$550.00	}	10. Election Campaign Financing Trust Fund Contribution.	\$5.00	May Be	
(See criteria on bac	<u>_1</u>		e to Department of Sta		ITIONS/CHANGES TO OFFICERS A	·	·	1
TITLE D	OFFICERS AND I	Delete	TITLE		THORATCHARGES TO OFFICERS A	☐ Change	Addition	(10/00)
	RS, MARLENE K 5 TAMIAMI TRAIL , NOS. 5 /	ND C-	NAME STREET ADDRESS					i -
	FL 34293		CITY-ST-ZIP		·		·	CR2E034
TITLE NAME		· Delete	TITLE NAME			☐ Change	☐ Addition	CH
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP		·	Change	Addition	1
NAME			NAME STREET ADDRESS				_	
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TITLE		☐ Delete	TITLE			☐ Change	Addition	7
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>	☐ Delete	CITY-ST-ZIP		·	Change	Addition	-
NAME		Deserte	NAME			Change	[] Addition	
STREET ADDRESS: CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				•	
TITLE		☐ Delete	TITLE			☐ Change	Acdition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		this filling done not qualify.	CITY-ST-ZIP	antine 1	0 07/2V/V Flacida Obst. 17 /	- AF AF		-
indicated on this re	eport or supplemental report is	true and accurate and that makered to execute this report a	ine exemption stated in S y signature shall have the is required by Chapter 60	ection 11 same le 07, Florida	19.07(3)(i), Florida Statutes. I further of gal effect as if made under oath; that a Statutes; and that my name appear	entity that the in I am an officer of s in Block 11 or	rormation or director Block 12 if	{
changed, or on an	attachment with an address.	vith all other like empowered.	-/)		d/ /			
SIGNATURE	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	H DIRECTOR		J/0//0/	Daytime Phone #		