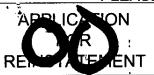
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

P99000100690 DOCUMENT #

1. Corporation Name

CIRRUS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED SECRETARY OF STATE VISION OF CORPORATIONS

00 OCT 17 PM 2: 25

9594 CARISSA ROAD BOYNTON BEACH FL 33436			9594 CARISSA ROAD BOYNTON BEACH FL 33436						
If above addresses are incorrect in any way, line through incorrect infor									
New Principal Office Address, If Applicable 3. N				New Mailing Office Address, If Applicable			orated or Qualified ness in Florida 11/17/1999		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number			
City & State			City & State			6. 090	Not Applicable		
Zip Country		Country	Zip		Country	CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ac	idresses of Each Officer an	ıd/or Director (Flo	rida nonprofi	it corporations must list at lea				
Title(s) 1	le(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3		h r 	City / State / Zip		
Đ	PASHINSKI, JAN MICHAEL			9594 CARISSA ROAD			BOYNTON BEACH FL 33436		
					,				
						. 5	000034416458		
			Section of the sectio		Maring of the Control	-10/27/0001018004 ****150.00 ****150.00			
							\ h 11/13		
							Ph 10/2		
8. Name and Address of Current Registered Agent					Nama	9. Name and Address of New Registere Agent			
CIMO	MD CTEVE	N.C							
SIMOND, STEVEN C 1818 SOUTH AUSTRALIAN AVE.					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 404					Suite, Apt. #, Etc.				
WEST PALM BEACH FL 33409				City State Zip Code			State Zip Code		
10. I, being appointed the resistered agent of the obtain named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10/.3/00									
this rein owed b	nstatement ap by the corpora	officer of director or the rec pplication, the reason for dis ation have been paid and th	ceiver or trustee er ssolution has been ne names of individ	mpowered to n eliminated, duals listed o	execute this application as put the corporate name satisfies	s the requirements r an exemption un	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees ider section 119.07(3)(i), F.S. The information indicated		

2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # P990001 INTERNATIONAL, INC.			
Principal Place	e of Business	Mailing Address		
9594 CARISSA (BOYNTON BEAC		9594 Carissa Road Boyaton Beach FL 33438	-7345	1
2. Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	3	City & State	-	4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Corrent i	Registered Agent		7. Name and Address of New Registered Agent
1818 Suiti Wes	ond, steven C South Australian ave. E 404 T Palm Beach Fl 33409		Street Address 9594 City Box	CARISSA ROAD INTON BEACH FL Zip Code 33436
SIGNATURE 9. This corporate filing re	MICHAEL PASHINSK Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	and little if applicable THOTEL	Registered Agent signature requirements \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND	CONTRACTOR REPORTS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D PASHINSKI, JAN MICHAEL 9594 CARISSA ROAD BOYNTON BEACH FL 33436	☐ Delete	TITLE HAME SIRLET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS	DOMINION DEPORTE CONCO	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	THE NAME STREFT ADDRESS	. ☐ Change . ☐ Addillon
TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	THILE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change Addition
13. I hereby o	certify that the information supplied with on this report or supplemental report is poration or the receiver or trouble pro- or on an attachment with an address.	this filing does not qual fy fo true and accurate and that r wered to execute this report with all prior like empowered	r the exemption stated in	n-Section 119.07(3)(i), Florida Statutes, i further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Phone 561-352-0808 Fax 561-737-0244

October 13, 2000

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Corporate Filing

Dear Sir/Madam,

I am writing this letter in response to a Notice of Administration Dissolution or Revocation letter I received on October 12, 2000. This came as a suprise due to the fact that we filed our application for renewal on January 10, 2000. After contacting your office on October 13, 2000 by telephone, I explained the situation and offered to fax a copy of the application and the check stub issued for \$150.00 in January. I was told it would not be necessary to fax the information but to forward the copy of our renewal and send another check with a letter. I have enclosed a copy of the renewal application and a copy of the check stub issued in January. I would appreciate you assistance and if you have any questions or require further documentation, please contact me at your convenience.

Sincerely

I Michael Pashinski - President

Cirrus International, Inc.

CIRRUS INTERNATIONAL, INC.

State of Florida 01/10/2000

1/10/2000

1061 150.00

150.00

Nations Bank

Corporation Filing