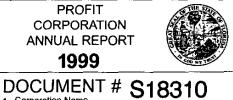
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90169 007 ***150.00

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THE INTERNATIONAL COMPANIES	6, INC.							
Principal Place of Business	Mailing Address					IA MBAL BIJIA BIJA BIJA	(4860) 118	H B arata 1 00 1
125-55 BISCAYNE BLVD	125-55 BISCAYNE BLVD							
#429	#429							
N MIAMI FL 33181	N MIAMI FL 33181				DO NOT WRIT	E IN THIS SPAC	E	
บร	US			ſ	3. Date Incorporated or Qualifed			l l
					12/10/1990			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Appl	ied For
21				65-0340282		Not /	Applicable	
Suite, Apt. #, etc.				5. Certifcate of Status Desired	T -	. 75 Ad		
22				5. Certificate of Status Desired	F	ee Requ	uired	
22 27					6. Election Campaign Financing	_ \$5	5.00 м	ay Be
23 28					Trust Fund Contribution	A	dded to	Fees
Zip Country	Zip	Countr	у		8. This corporation owes the curre			_
24	29	30		j	Personal Property Tax.	□ Ye]No
g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	legistered Agent		
		8	I Name					
SMALL, JESSE		8	Street	Addres	ss (P.O. Box Number is Not Accepta	bie)		
409 W HALLENDALE BCH BLVD.								
HALLANDALE FL 33009		8	3					
		-	. _				Zip Co	do
		8	City			FL 85	Zip CC	
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abo	/e-named	corpor	ation submits this statement for the	purpose of changi	ing its re	gistered
office or registered agent, or both, in the Stal agent. I am familiar with, and accept the obligations.	te of Florida. Such change was au	itnorizea p	v the corp	oration	's board of directors. I hereby accep	t the appointment	as regi:	stered
	galloris of, Section 607.0303, Fion	ob Otatule	.					
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ad	ent signature	required w	yhen reinstating)	DATE		
	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTOR	S IN 12
TITLE O	DELETE	1.1 TITLE				□ CI		Addition
NAME GOMER, BERNARD	\1	1.2 NAME						ĺ
STREET ADDRESS 101-75 COLLINS AVE., APT	1601	1.3 STRE	ET ADDRESS	:				
BAL HAPROUP FI	1	1.4 CITY-						
TITLE NAME STREET ADDRESS 125-55 BISCA	VA (1) DELETE	2.1 TITLE	<u> </u>	 		□ CI	nange	Addition
COMICA	Case RIVO	2.2 NAME						Į
NAME 125-55 BISCA	YHE ISKUD	1						
IND WIREMAN I	= LH 32181		ET ADDRESS	`				
	□ DELETE	2. 4 C/TY	ST-ZIP	 			nange	Addition
TITLE	□ Deleie	3.1 TITLE					, and	
NAME		3.2 NAME						
STREET ADDRESS		3.3 STRE	ET ADDRESS	3)
CITY-ST-ZIP		3.4. CITY	ST-ZIP	ļ				Addition
TITLE	DELETE	4.1 TITLE	~				nange	☐ Addition
NAME	Ü	4. 2 NAM	i .					-
STREET ADDRESS		4.3 STRE	ET ADDRESS	:	•			ļ
CITY-ST-ZIP		4.4 CITY-	ST-ZIP	<u> </u>				
TITLE	☐ DELETE	5.1 TITLE				□ cı	hange	☐ Addition
NAME ,		5.2 NAME						ļ
STREET ADDRESS		5.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP		5.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE		1			hange	Addition
		6.2 NAME						
NAME STREET ADDRESS			ET 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR