

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90149 020 \*\*\*150.00

DOCUMENT # S25796

1. Corporation Name  
PLD INTERNATIONAL CORPORATION



Principal Place of Business

2315 NW 107 AVENUE  
SUITE A4-A5  
MIAMI FL 33172  
US

Mailing Address

P O BOX 661440  
MIAMI FL 33266-1440  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1991

4. FEI Number

65-0239876

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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 3620 N.W. 114 Ave

2a. Mailing Address

26 3620 N.W. 114 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33178

Country

25 Dade

Zip

29 33178

Country

30 Dade

9. Name and Address of Current Registered Agent

EVANS, JAMES C  
ALFRED I DUPONT BLVD 17TH FLOOR  
169 E FLAGLER ST  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PTS  
NAME DRAY, PHILLIPE  
STREET ADDRESS 2315 NW 107 AVENUE #A4-A5  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME DRAY, PHILLIPE  
STREET ADDRESS 2315 NW 107 AVENUE A-4-A5  
CITY-ST-ZIP MIAMI FL

TITLE V  
NAME DONLAN, EILEEN  
STREET ADDRESS 2315 NW 107 AVENUE A4-A5  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3620 N.W. 114 Ave  
1.4 CITY-ST-ZIP Miami FL 33178

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS same as above  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS same as above  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(305)477-1488

Date

Daytime Phone #

CR2E034 (11/98)

0278447