May 05, 1999 8:00 am Secretary of State

05-05-1999 90002 006 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$42819

1. Corporation Name

Principal Place of Business

INTERNATIONAL NETWORK, INC.

9245 S.W. 157 SUITE 202 MIAMI FL 3315 US		7505 S.W. 142ND ST. MIAMI FL 33158			DO NOT W 3. Date Incorporated or Qualife 04/03/1991	RITE IN THIS SPACE	:
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0258726		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			5. Certificate of Status Desired	Fe	e Required
City & Stat	e e	City & State			6. Election Campaign Financin	g 🖂 \$5 ,	.00 May Be
23		28			Trust Fund Contribution	Ad-	ded to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the c		
24	25		30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Cui	rent Registered Agent		1 57	10. Name and Address of Nev	V Registered Agent	
BICH	HARDS, TIMOTHY/D.		81	Name	JONATHAN R. M	PLCH	į
	9 S. Bayshoré Dr.		82	Street Addr	ress (P.O. Box Number is Not Acce	ptable) (C 30	<u> </u>
	FLOOR				9245 SW 157TH	ST # 200	<u></u>
	MI FL 33133-5494		83	1			l
· · · · · · · · · · · · · · · · · · ·	MITTE 50 100 3434		84	City	MIAM/	FL 85	Zip Code 23/57
office or r agent. I a	to the provisions of Sections 607. registered agent, or both, in the St rm familiar with, and accept the ob- market agent and accept the ob- programme of registered programme, typed or printed name of registered		thorized by da Statute: R. W.	the corporation	on's board of directors. I hereby acc	te purpose of changing the appointment a	ig its registered
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND DIRE	CTORS IN 12
TITLE C	D	☐ DELETE	1.1 TITLE			☐ Cha	inge 🔲 Addition
NAME	WELCH, JONATHAN R.		1.2 NAME				Ì
STREET ADDRESS	7505 S.W. 142ND ST		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Cha	ange
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	ange
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP	<u> </u>		34, CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	inge 🗍 Addition
NAME			4.2 NAME	1			
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DĒLETE	5.1 TITLE			Cha	inge 🗀 Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	unge
NAME	{		6.2 NAME	1			

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:

STREET ADDRESS

CITY-ST-ZIP