1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45856 1. Corporation Name

Corporation Name

BUSINESSHIP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address							
ONE ALHAMBRA PLAZA, SUITE 1400	ONE ALHAMBRA PLAZA, SUITE 1400							

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90064 042 ***150.00

CORAL GABLES FL 33134			CORAL GABLES FL 33134							TON OO	WRITE	E IN THIS	S SPAC	E	
								T	3. £	Date Incorporated or Qu	alifed		-		
									0	04/15/1991					
2. Principal Pla	ace of Busines	S	2a.	. Mailing Address						El Number				Apr	fied For
21			26	1				1	6	65-0291234			Ī	Not	Applicable
Suite, Apt. 1	#, etc.	,	1	Suite, Apt. #, etc.							rod				dditional
22			27	,					5 . C	Certificate of Status Desi	reu	<u></u>	F	ee Rec	quired
City & State			T.,	City & State				- (6. E	Election Campaign Finar	ncing		\$	5.00	May Be
23			28						T	rust Fund Contribution			A	dded to	Fees
Zip		Country		Zip	Cour	ntry		1	8. T	This corporation owes th	e currer	nt year In			
24	25		29	· · <u></u> -	30					Personal Property Tax.			∐Ye		□No
	9. Name an	d Address of Current	Regis	stered Agent				1	0. N	Name and Address of	New Re	gistered	Agent		
EDET	TARRES OTTEN	IFAL A			ļ	81	Name								
	EMAN, STEPH				İ	82	Street	Address	ddress (P.O. Box Number is Not Acceptable)						
	BRICKELL KE	Y DR.			ļ	_[
	E 0-305				ĺ	83									
MIAN	II FL 33131				ŀ	84	City						85	Zip C	ode
							•					<u> Fl</u>	∟ I I		
office or re	egistered agent	t or both, in the State c	of Florie	607.1508, Florida Statut ida. Such change was a f, Section 607.0505, Flo	authonzed	Dy '	ine corpo	corporati oration's	ion s boar	submits this statement found of directors. I hereby	or the pr accept	urpose o the appo	of chang cintment	ing its i as reg	registered jistered
SIGNATURE													_		
	Signature, typed or p	printed name of registered agent			: Registered	Agen	t signature n	equired whe			-0 OCE	DATE	ND DID	FOTO	26 IN 42
12.		OFFICERS AND	DIRE		13.				AL	DDITIONS/CHANGES T	O OFFI	CERS A	X)CI		Addition
TITLE	D 1			DELETE	1.1 111								ΣU	narige	☐ Addation
NAME '		MICHAEL			1.2 NA			Mey	er	son, Maya					
STREET ADDRESS	520 BRICKE	ell key drive, sui	TE 0-3	305	1.3 ST	REET	ADDRESS								
CITY-ST-ZIP	MIAMI FL 3	3131			14 CM		-ZIP								
TITLE				☐ DELETE	2.1 Τπ	LΕ)							nange	Addition
NAME					2.2 NA	ME									
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ππE				☐ DELETE	3.1 TIT	LΕ	ì							nange	Addition
NAME					3.2 NA	ME									
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TITLE				☐ DELETE	6.1 Tit	ιE							□c	nange	☐ Addition
NAME					6.2 NA	ME									
STREET ADDRESS					6.3 \$7	REET	ADDRESS	ı							
OTTLE TADDITED					6.4 CIT	Y-S1	r- 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/59 Date

Daytime Phone #

R2F034 (11/98)