Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90083 049 ***150.00

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

DOCUMENT

1. Corporation	VIEIN # 549222						
	ANCE INTERNATIONAL, INC)					
WEG, G							
Principal Place	of Business	Mailing Address		_	() [[] [] [] [] [] [] [] [] []		
APT 2106		1208 S OSPREY AVE SARASOTA FL 34239 US			DO NOT WRITE IN THIS SPACE		
U\$					3. Date Incorporated or Qualifed 05/01/1991		
	lace of Business	2a. Mailing Address		04.60	4. FEI Number Applied For	4	
21 DD7 6			<u> </u>	Stree	7 65-0260796 Not Applicable	9	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State	e	City & State	_	·	6. Election Campaign Financing \$5.00 May Be		
23 SAC		28 SARASOT	-	FC	Trust Fund Contribution Added to Fees	_	
Zip	Country	Zip	Count	try	8. This corporation owes the current year Intangible	- {	
24 34	234 25	29 3463+	30		Personal Property Tax.	4	
	9. Name and Address of Current	Registered Agent		Maria	10. Name and Address of New Registered Agent	\dashv	
RIER	NS, MARGARET			31 Name			
1208 S OSPREY AVE			8	32 Street A	ddress (P.O. Box Number is Not Acceptable)		
SAR	ASOTA FL 34239		٤	33		\neg	
			1	34 City	FL 85 Zip Code	ㅓ	
		1 007 4500 51 11 04-14				\dashv	
office or r	egistered agent, or both, in the State (of Florida. Such change was au	thonzed t	by the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statut	es.	9991 ARTA 1999		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered A	gent signature rec	equired when reinstating) DATE	- 1	
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box	
TITLE	D	☐ DELETE	1.1 TITU	E	☐ Change ☐ Addition	on	
NAME	BARRERA, WILSON		1.2 NAM	E		1	
STREET ADDRESS	1208 S OSPREY AVE		1.3 STR	EET ADDRESS		}	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY	-ST-ZIP		_	
TILE	D	☐ DELETE	2.1 TITL	E	Change Addition	on I	
NAME	BURNS, MARGARET		2.2 NAM	Į.		- 1	
STREET ADDRESS	1208 S OSPREY AVENUE			EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	[] DELETE		Y-ST-ZIP	☐ Change ☐ Addition	ᆔ	
TITLE			3.1 TITL 3.2 NAM			-	
NAME	·		1	EET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITL		Change Addition	on	
NAME			4. 2 NA	ME		- 1	
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL		Change Addition	on }	
NAME	}		5.2 NAM				
STREET ADDRESS	}.	•	5.3 STR	EET ADDRESS		ļ	
CITY-ST-ZIP	Militaria di Caraca di Car			-ST-ZIP		_	
TITLE		☐ DELETE	6.1 TITL	i i	☐ Change ☐ Addition	nu	
NAME	i		6.2 NAW	1E		ſ	

CITY-ST-ZiP 14. 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 emnowered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

941-955-1099