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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

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DOCUMENT # S53749

1. Corporation Name

INTERNATIONAL DEPOT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8721 S 81ST CT  
MIAMI FL 33143  
US

Mailing Address

8721 SW 81ST CT  
MIAMI FL 3314  
US

2. Principal Place of Business

21 8880 S.W. 78 PL.

2a. Mailing Address

26 8880 S.W. 78 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami,

27 City & State

23 FL 33156 - Dade

28 Miami, FL

24 Zip Country

29 33156 30 DADE

9. Name and Address of Current Registered Agent

LEMONIS, SOPHIA  
8721 SW 81ST CT.  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name Sophia International Depot,  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Sophia Lemonis  
8880 S.W. 78 PL.  
84 City Miami FL 85 Zip Code 33156

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

Sophia Lemonis, Pres.

3/31/99

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 P  
NAME LEMONIS, SOPHIA  
STREET ADDRESS 8721 SW 81ST CT  
CITY-ST-ZIP MIAMI FL 33143

TITLE ST  
NAME LEMONIS, MARCUS A.  
STREET ADDRESS 8721 SW 81ST CT  
CITY-ST-ZIP MIAMI FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 8880 S.W. 78 PL.  
1.4 CITY-ST-ZIP Miami, Fl. 33156

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 8880 S.W. 78 PL.  
2.4 CITY-ST-ZIP Miami, Fl. 33156

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
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: Sophia Lemonis, Pres.

3/31/99 305-275-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)