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 Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90035 026 ***150.00

DOCUMENT # S67755 1. Corporation Name

FAR INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

1146146	1 6396 3 816 6 1 888	16181 BH 1618	(1 110 16 1116)	81811 B1811 81811 1 8 8

2323 NW 82ND 2ND FLOOR MIAMI FL 33122 US		2323 NW 82ND AVE MIAMI FL 33122 US			DO NOT WRITE IN THIS S 3. Date incorporated or Qualifed 07/22/1991	PACE					
	lace of Business	2a. Mailing Address) /	11 General	4. FEI Number		Applied For	ł			
21 1045	50 NW 41 Street		<u> </u>	1 Street	65-0351412		Not Applicable	1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5-Additional ==== Required	=			
22		27					-	4			
City & State		city & State 28 Miami Fi	<u></u>		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees				
Zip 24 331	78 [25] Country USA	Zip 29 33178 30	Countr	ŠA _	This corporation owes the current year Intan Personal Property Tax.	gible Yes	□No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	gent		1			
2011			81	Name	Her philip			{			
	ECHTER, PHILIP		82		dress (P.O. Box Number is Not Acceptable)						
l	M KENDALL DRIVE SUITE 805		Oli est riddre	335 (1 .O. DOX NOTIDOT IS 1100 (1000 p. 1150)			1				
1	E 302		83	B							
MIAN	MIAMI FL 33156					85 Z	ip Code	$\left\{ \right.$			
			84	City	FL		.p 0000	ļ			
.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.											
_	III lamilar with, and accept the obligate	113 01, 0001011 001 .0000, 1 101100	0.01010	.				Ì			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	stered Age	ent signature required	when reinstating) DATE			ja			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC		ع ا			
TITLE	PD	☐ DELETE	1.1 TITLE	_		Chang	ge 🔲 Addition	1 3			
NAME	FARAH, JOSE LUIS		1 <i>2</i> NAME					3			
STREET ADDRESS	STREET ADDRESS 8233 NW 66 ST		1.3 STREE	T ADDRESS				L			
CITY-SY-ZIP	MIAMI FL		1.4 CITY-3	ST-ZIP	·			1 6			
TITLE		☐ DELETE	2.1 TITLE			Chang	ge 🔀 Addition	١٠			
=NAME=			2:2 NAME			:==:		=			
STREET ADDRESS			2.3 STREE	TADDRESS	•			l			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP ,							
TITLE		☐ DELETE	3.1 TTLE			Chan	ge [Addition				
NAME	•]	3.2 NAME	1							
STREET ADDRESS			3.3 STREE	T ADDRESS							
CITY-ST-ZIP			3.4, CITY-	ST-ZIP				}			
TITLE			4.1 TITLE			Chang	e Addition				
NAME		1	4. 2 NAME								
STREET ADDRESS.				ET ADDRESS]			
CITY-ST-ZIP			4.4 CITY-								
TITLE			5.1 TITLE	<u> </u>	,	Chan	ge Addition	1			
NAME	,		5.2 NAME	Į	·						
STREET ADDRESS				T ADDRESS							
		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	-							
CITY-ST-ZIP			6.1 TITLE			Chan	ge Addition	1			
	•	<u> </u>	6.2 NAME								
NAME		L		ET ADDRESS				1			
STREET ADDRESS		1	6.4 CITY-!	ı							
1 11TV-S1-710		_	w. T WIII 1 1								

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR