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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90036 006 ***150.00

1. Corporation	MENT # S81263 LL INTERNATIONAL INC.	,					
Principal Place	e of Business	Mailing Address			T (BOLEBIR ED) (DIDI FEBER HOLD DIESO (11) DIESO (11)	81811 B1814 B184	
301 ALMERIA AVE		5793 SW 84 AVE					
SUITE 210		SUITE 805		DO NOT MORE IN THE	PDACE		
CORAL GABLES FL 33134		MIAMI FL 33134		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed 09/17/1991			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		applied For
21		26			65-0294967		lot Applicable
Suite, Apt. #, etc. 2000		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27			ree Required		
City & State	е '	City & State			6. Election Campaign Financing		May Be I to Fees
23	· · · · · · · · · · · · · · · · · · ·	28 Zin	Country		Trust Fund Contribution		I IV FEES
Zip	Country	Zip 29 30	a ´		This corporation owes the current year in Personal Property Tax.	tangible	□No
24	9. Name and Address of Current		''		10. Name and Address of New Registered		
· _ ·	Halling and Madicas of Calletti	. Handlaran an Endang	81	Name			
SACASA, DENNIS			82	Ctrook A-1-	dress (P.O. Box Number is Not Acceptable)		
2212 SEGOVIA CIRCLE			82	Street Add	uress (F.O. DOX Multiper is NOt Acceptable)	<u>. </u>	
	E 709		83				
CORAL GABLES FL 33134			84	City		85 Zip	Code
				1	FL	_ ' '	1
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							
	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	P LANG DECTOR		1.2 NAME				_
NAME	LANS, HECTOR			TADORESS			
STREET ADDRESS	5793 S.W. 84TH AVENUE		1.3 STREE	1	·		
CITY-\$T-ZIP			2.1 TITLE	1- 41F		Change	Addition
NAME	CACACA DENINIC I		2.2 NAME				
STREET ADDRESS	301 ALMERIA S 218 /82V	Ponce #274 Gabiu, 33/34	2.3 STREET	TADORESS			
CITY-ST-ZIP	CORAL GABLES FL COral	Gables, 33/34	2,4 CITY-S	Y	,		
TITLE	COLUMN CONTROLL	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				ļ
STREET ADDRESS		,	3.3 STREE	T ADORESS			1
CITY-ST-ZIP	•		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e ☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREE	TADORESS			1
CITY-ST-ZIP			4.4 CITY- S	T- ZIP		E) a:	
TITLE		☐ DELETE	5.1 TITLE]		Change	e 🗀 Addition
NAME			5.2 NAME				1
STREET ADDRESS	,			T ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		[] Change	e Addition
TITLE	The second second	☐ DELETE	6.1 TITLE			Change	- L'Addition
NAME			6.2 NAME	TADDRESS			
OTOFFT ABOUTON	I - 2		■ p.JoikeE	1 VDDUC99 !			

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 corpolation of 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 oh an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: