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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81966

CLARE INTERNATIONAL, LTD., INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90079 017 ***150.00



Principal Place of Business		Mailing Address				T INNELLINE LOLL LOLLER HOUSE LOLLS GITTLE BLILL	timit mišit mišit	#1 # 11 # /1	111 -1011 100/	
5750 NW 32ND AVENUE		5750 NW 32ND AVENUE				4				
MIAMI FL 33142		MIAMI FL 33142				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			1	
						09/23/1991	٠.]	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		App	lied For	
21		26				59-0290080	-	+	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.	75 Ad	ditional	
22		27				5. Certifcate of Status Desired	Fe	e Req	uired	
City & State		City & State			*	6. Election Campaign Financing	\$5	.00 M	fay Be	
23		28				Trust Fund Contribution		ded to	Fees	
Zip	Country	Zip	—			8. This corporation owes the current ye		_	_,	
24	25	29	30	1		Personal Property Tax.	☐ Yes	L	□No	
,	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Regist	sieu Agent			
POLI	LACK, ROBERT									
5750 NW 32ND AVENUE				82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33142				83						
	= ==:-						·			
				84	City		FL 85	Zip Co	ode	
office or re	registered agent, or both, in the State	502 and 607.1508, Florida S	tatutes, the a	above	-named corpo	oration submits this statement for the purpo	se of changin	ig its re as regi	egistered stered	
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Stat	tutes.	the corporatio	on's board of directors. I hereby accept the	·			
SIGNATURE	ım familiar with, and accept the oblig	gations of, Section 607.0505	, Florida Stat	tutes.	·					
SIGNATURE	um familiar with, and accept the oblig	pations of, Section 607.0505	, Florida Stat	d Agen	the corporatio	d when reinstating) DA	TE			191
SIGNATURE	im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pations of, Section 607.0505 pent and title if applicable. (ND DIRECTORS	, Florida Stat	d Agen	·		E S AND DIRE	CTOR	RS IN 12	11(00)
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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 of the eceiver 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date