FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED			
COF	PROFIT RPORATION UAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Feb 05 1998 8:00am Secretary of State					
DOCH	1998)25					_	Secret	ary o	i Sta	ate
1. Corporatio	n Name		(6) No INC	i I							
	ANY INTERNATIONAL CC				· <u></u>						
Principal Place of Business Mailing Address 6910 NORTHWEST 12TH STREET 6910 NORTHWEST 1 MIAMI FL 33126 MIAMI FL 33126				12TH STREET				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Quali		SPACE	-
								01/03/1992			,
	Place of Business		Mailing Address					4. FEI Number			plied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.		-		-	65-0399094 5. Certificate of Status Desire	<u> </u>	\$8.75	
City & Stat	e	27	City & State	 				6. Election Campaign Financi		\$5.00	
23		28						Trust Fund Contribution	<u>" </u>	Added t	
Zip 24	Country 25	29	Zip	30	Countr	У		 This corporation owes or he Personal Property Tax due 		_ ′ _	angible] No
	9. Name and Address of Cur	rent Registe	red Agent					10. Name and Address of Ne	w Registered	Agent	
KORGE, CHRISTOPHER G.					81		RA	YMOND J.K.	AYAL		
% ZACK, HANZMAN, PONCE, TUCKER, ET-AL 100 SE 2ND STREET, SUITE 2800				ļ	82 Street Addres			ss (P.O. Box Number is Not Acc	eptable)	PRAC	<u> </u>
MIAMI FL 33131			1	83	3			- /			
					84	City	Ñ	liami	FL	85 Zip (Code
11. Pursuant office or r	to the provisions of Sections 607. registered agent, or both, in the Si in familiar with, and accept the of	0502 and 607 ate of Florida	7.1508, Florida St	atutes, as auti	the above	l /e-named by the corp	corpo	ration submits this statement for n's board of directors. I hereby		changing it ointment as	s registered registered
agent. I a SIGNATURE	in familiar with, and accorpy the of	arket	99ction 607.0505	, Floric	da Statute	es.			1/28/	198	
		AND DIRECT		NOTE: A		ent signature	required	when reinstating)	DATE	DIDEOTOD	C IN 40
12.	D OFFICERS	AIND DIRECT	DELETE		13.		PZ	ADDITIONS/CHANGES TO (AFFICERS AND	Change	Addition
NAME	KAYAL, RAYMOND J.		_	i i	1.2 NAME					,	
STREET ADDRESS	6910 N.W. 12TH STREET	•		i	1.3 STREE	T ADDRESS	<u> </u>				
CITY-ST-ZIP	MIAMI FL D		DELETE		1.4 CITY - 2.1 TITLE	ST-ZIP				Change	Addition
NAME	KAYAL, LORAINE S.				2.2 NAME		<i>S</i> 7	D		onungo	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	6910 N.W. 12TH STREET	•		!		T.AODRESS	ĺ				
CITY-ST-ZIP	MIAMI FL	····			2. 4 CITY-					1 0	
TITLE			☐ DELETE		3.1 TITLE					Change	Addition
NAME STREET ADORESS					3.2 NAME	T ADDRESS					
CITY-ST-ZIP					3.4. CITY-						
TITLE			DELETE	<u> </u>	4.1 TITLE	-, -1/				Change	Addition
NAME					4. 2 NAME		ļ				
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			DELETE	\perp	4.4 CITY-	ST-ZIP				Change	Addition
TITLE NAME					5.1 TITLE 5.2 NAME					orange	Addition
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				<u> </u>	5.4 CITY -						

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 abcurate 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 on an attachment with an address.

SIGNATURE:

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: 2

TITLE NAME

☐ Change ☐ Addition