

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **V45304** ✓
Corporation Name

INTERNATIONAL CLIP CORPORATION

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90006 044 ***550.00



Principal Place of Business

50 NW 77TH CT
AMI FL 33166

Mailing Address

6850 NW 77TH CT
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

6392 NW 84TH AVE

Suite, Apt., etc.

City & State

MIAMI FL

Zip

33166

Country

US

2a. Mailing Address

3919 SW 153RD AVE

Suite, Apt., etc.

City & State

MIRAMAR FL

Zip

33027

Country

US

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number

65-0389793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDES, ROBERTO
6850 NW 77TH CT
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name **FERNANDES ROBERTO**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **6392 NW 84TH AVE**

84 City

MIAMI

FL

85 Zip Code

33166

I, 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

LE **PVD** ☒ DELETE
ME **FERNANDES, ROBERTO**
REET ADDRESS **6850 NW 77TH COURT**
Y-ST-ZIP **MIAMI FL 33166**

LE **PVD** ☐ DELETE
ME **FERNANDES, ROBERTO**
REET ADDRESS **6392 NW 84TH AVE**
Y-ST-ZIP **MIAMI FL 33166**

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Y-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-06-99 630/477-8877

Date

Daytime Phone #

CR2E034 (5/99)