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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

COMMODATA INTERNATIONAL INC.

Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # **V64095** 02-08-1999 90060 050 ***150.00

FILED Feb 08, 1999 8:00am **Secretary of State**



Principal Pla	ace of Business	Mailing Address				ilo lalai alik alaki alah alaki alaki alaki alaki bilah isali	
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612 S. FEDERAL HWY. SUITE 203 SUITE 203							
STUART FL	34994	Suite 203 Stuart FL 34994	UILE ZUS				
US US			JAN1 FL 34994			DO NOT WRITE IN THIS SPACE	
		00			3. Date Incorporated or Quali	íed .	
2. Principal	Place of Business	20 14-11 4 14			09/14/1992		
- Widning Address					4. FEI Number	Applied For	
		26			65-0383095	Not Applicable	
Conto, ript. W, dic.					5. Certificate of Status Desired	\$8.75 Additional	
City & State City & State					5. Certificate of Status Desired	Fee Required	
·					6. Election Campaign Financii	ng \$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
Zip Country Zip		Zip	Country		8. This corporation owes the o		
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No	
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne		
	PLACIES ISSUED		1	81 Name	6	·	
CYNES HA	RLACHER, JENS						
612	S FEDERAL HWY CARE NO.		[1	32 Stree	et Address (P.O. Box Number is Not Acce	ptable)	
Sui	ITE 203		-	33	7 . A	CONTROL OF THE PARTY OF THE PAR	
¦ STI	JART FL 34994		i'	"].			
	•		1	34 City	************************************	85 Zip Code	
11 10	A. N.						
office or	registered agent, or both, in the State of	and 607.1508, Florida Statut f Florida: Such change was s	es, the about	ove-named	d corporation submits this statement for the poration's board of directors. I hereby according to the control of the control o	ne purpose of changing its registered	
ारश ä gent. ।	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statut	by the corp as.	poration's board of directors. I hereby acc	ept the appointment as registered	
SIGNATURE		: :					
	Signature, typed or printed name of registered agent a		: Registered A	ent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.			OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		55 c. 1 1 55	☐ Change ☐ Addition	
NAME	HARLACHER, JENS		1.2 NAME	=	\$63.4 A		
STREET ADDRESS	612 S. FEDERAL HWY.		13.STR	ET ADDRESS	,		
CITY-ST-ZIP	STUART FL		1,4 CITY-		' }	}	
TITLE		☐ DELETE	2.1 TITLE				
NAME	· ·		1		}	Change Addition	
STREET ADDRESS			2.2 NAME				
			2.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP TITLE	معدو يد مه و المعاري		2.4 CITY	-ST-ZIP			
1 10	ACDIEC COGO	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	SAME TO THE STATE OF THE SAME		3.2 NAME				
STREET ADDRÉSS.	E 2325		3.3 STRE	ET ADORESS		17, 25,4 115, 1 34 410	
CITY-ST-ZIP	rent or areas				1		
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CONTRACTOR STATES	20.9		4.1 TITLE		्री १५ स्टू व्यक्तिकार प्राप्ति । राष्ट्रीकार विकास	A Section A Section A Section Addition	
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6.4 CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report or sufficer or director of the corporation Block 12 or Block 13 if changed in Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information polymerital 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 an attachment with an address, with all other like empowered.

561-221-0208