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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 05-07-1999 90052 011 \*\*\*158.75

T, Corporation	MENT # V71605 ERNATIONAL, INC.	5			01011 01011 01011 01011 11011 1101
Principal Place	of Rusinoss	Mailing Address			BIGIN ALAK BIGIN BIGIN BIGIN 1881
		9472 NW 13TH ST.			
9472 NW 13TH BAY 75	31.	BAY #75			
MIAMI FL 33172 MIAMI FL 33172				DO NOT WRITE IN TH	S SPACE
US		US		3. Date Incorporated or Qualifed	
_				10/12/1992	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0406737	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State		a Startian Compaign Figureing	\$5.00 May Be
City & State	e	— ·		6. Election Campaign Financing  Trust Fund Contribution	Added to Fees
<b>23</b> Zip	Country	<b>28</b>	Country	This corporation owes the current year I	
24	25		30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
			81 Name		
USICH, JAMES S.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
9100 SOUTH DADELAND BLVD.			02   Street Add		
SUITE 905			83	<del></del>	
MIAN	/II FL 33156		84 City		85 Zip Code
			84 City	F	
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Flore	da Statutes. Registered Agent signature requir		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	С	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLART, FRANK		1.2 NAME		
STREET ADDRESS	2642 S.W. 131ST PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Chann Addition
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLART, RITA		2.2 NAME		
STREET ADDRESS	2642 S.W. 131ST PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	E DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S LODEZ AIDE	☐ DELETE	3.1 TITLE		_j ondings
NAME	LOPEZ, AIDE		3.2 NAME		
STREET ADDRESS	l .		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ĺ		6.4 CITY-ST-ZIP		

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 supplied ental 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 receiver or trustee empowered to execute this report as jequired 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, with all generalities empowered.

SIGNATURE: