

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 19 PM 12:04

**DOCUMENT # 188910 (4)**

1. Corporation Name

**INTERNATIONAL AGENCIES, INC.**

Principal Place of Business

**151 LUDLOW AVENUE  
 NORTHVALE NJ 07647**

Mailing Address

**151 LUDLOW AVENUE  
 NORTHVALE NJ 07647**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/10/1955**

3a. Date of Last Report

**06/14/1994**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

4. FEI Number

**59-6074677**

Applied For

Not Applied

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 has liability for intangible tax under s. 100.052, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**CHARI, ANDREAS  
 4801 S.W. 133RD AVENUE  
 MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

Zip Code

11. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**P  
 JOANNOU, CARINE  
 151 LUDLOW AVE  
 NORTHVALE NJ**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**V  
 JOANNOU, MADELEINE  
 151 LUDLOW AVE  
 NORTHVALE NJ**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**ST  
 JOANNOU, CYNTHIA  
 151 LUDLOW AVE.  
 NORTHVALE NJ**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP

Change  Addition

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP

Change  Addition

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP

Change  Addition

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP

Change  Addition

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP

Change  Addition

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Madeline Joannou*

*June 9/1995*

(Title)

(Signature Here)

CR2E034 (3/95)