

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714449 (6)**

1. Corporation Name  
**INTERNATIONAL TOWERS ASSOCIATION, INC.**



Principal Place of Business: **1400 S W 27TH AVENUE #707 MIAMI FL 33145**  
Mailing Address: **1400 S W 27TH AVENUE #707 MIAMI FL 33145**

3. Date Incorporated or Qualified: **04/16/1968**  
3a. Date of Last Report: **03/15/1995**  
4. FEI Number: **59-1236029**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

**9. Name and Address of Current Registered Agent**

**BOHN, MARGARET G  
1400 SW 27 AVE  
STE 406  
MIAMI FL 33145**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>JESTER, MARGARET</b>         |  |
| STREET ADDRESS | <b>1400 S.W. 27TH AVE. #505</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33145</b>           |  |
| TITLE          | <b>SD</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>REBER, LEWIS</b>             |  |
| STREET ADDRESS | <b>1400 S.W. 27TH AVE. #605</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33145</b>           |  |
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>BOHN, MARGARET</b>           |  |
| STREET ADDRESS | <b>1400 SW 27TH AVE., 406</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI, FL 00000</b>          |  |
| TITLE          | <b>VD</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>LOPEZ, FELICIA</b>           |  |
| STREET ADDRESS | <b>1400 S.W. 27TH AVE. #204</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33145</b>           |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>ROLANDO GARCIA</b>  |
| 5.3 STREET ADDRESS | <b>1400 SW 27TH AVE. #305</b>  |
| 5.4 CITY-ST-ZIP    | <b>MIAMI FL 33145</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret G. Bohn MARGARET BOHN 2/23/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)