

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murray  
Secretary of State  
Tallahassee, Florida 32399-0400

**APPROVED  
AND  
FILED**

DOCUMENT # **G09798** (1)

05 MAY 11 2 10: 35

INTERNATIONAL EXPLORERS SOCIETY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE WRITE IN THIS SPACE

1. Principal Office Location <b>5151 PINE TREE DRIVE MIAMI BEACH FL 33140 US</b>		2a. Mailing Address <b>5151 PINE TREE DRIVE MIAMI BEACH FL 33140 US</b>		3. Date Incorporated or Qualified <b>11/29/1982</b>	3a. Date of Last Report <b>08/05/1994</b>
2. Principal Office Telephone <b>21</b>	2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2391484</b>	Applied For Not Applicable	
22. State Apt. # (if)	27. State Apt. # (if)		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Tax	25. Exemptions	29. Tax	30. Exemptions	7. This corporation is a "close corporation" as defined in Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SPOHRER, B. F. 5151 PINE TREE DRIVE MIAMI BEACH FL 33140</b>				10. Name and Address of New Registered Agent	
B1. Name					
B2. Street Address (P.O. Box Number is Not Acceptable)					
B3. City					
B4. City		<b>FL</b>		B5. Zip Code	

11. Pursuant to the provisions of Sections 607.09(2) 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 \_\_\_\_\_ (Print Name of Registered Agent) \_\_\_\_\_ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOHRER, LYNN W</b>	1. NAME	
STREET ADDRESS	<b>5151 PINE TREE DRIVE</b>	1. STREET ADDRESS	
CITY	<b>MIAMI BEACH FL</b>	1. CITY	
TITLE	<b>CPT</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOHRER, BF</b>	2. NAME	
STREET ADDRESS	<b>5151 PINE TREE DRIVE</b>	2. STREET ADDRESS	
CITY	<b>MIAMI BEACH FL</b>	2. CITY	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY		3. CITY	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY		4. CITY	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		5. CITY	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		6. CITY	

14. I hereby certify that the information supplied on this form is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this form is true and correct 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 registered agent empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 13 of this form or on an attachment with an address.

SIGNATURE: **B.F. SPOHRER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **MAY 8, 1995** (305) 871-8212  
TELEPHONE NUMBER