

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

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**Mar 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09798 (1)

1. Corporation Name
INTERNATIONAL EXPLORERS SOCIETY, INC.



Principal Place of Business 5151 PINE TREE DRIVE MIAMI BEACH FL 33140 US	Mailing Address 5151 PINE TREE DRIVE MIAMI BEACH FL 33140-2107 US
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3. Date Incorporated or Qualified 11/29/1982	3a. Date of Last Report 02/22/1996
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 59-2391484	Applied For <input type="checkbox"/> Not Applicable
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPOHRER, B. F.
 5151 PINE TREE DRIVE
 MIAMI BEACH FL 33140**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPOHRER, LYNN W		1.2 NAME	
STREET ADDRESS 5151 PINE TREE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE CPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPOHRER, BF		2.2 NAME	
STREET ADDRESS 5151 PINE TREE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 attachment with an address.

SIGNATURE: **B.F. Spohrer** **B.F. SPOHRER** **MAR 24, 1997 (305) 869-8890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)