

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H09154 (6)

1. Corporation Name

INTERNATIONAL EXECUTIVE CONSULTANTS, INC.



Principal Place of Business

Mailing Address

3900 GALT OCEAN DR
#205
FT. LAUDERDALE FL 33308

3900 GALT OCEAN DR
#205
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21 3706 N. Ocean Blvd

26 3706 N. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #420

27 #420

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale FL

Zip

Zip

24 33308

29 33308

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/22/1984

3a. Date of Last Report

07/27/1995

4. FEI Number

59-2495996

Applied For

Not Applicable

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. 193.032
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

MANN, JOHN
3900 GALT OCEAN DR
#205
FT. LAUDERDALE FL 33308

81 Name

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

3706 N. Ocean Blvd

83 #420

84 City Ft. Lauderdale

FL

85 Zip Code

33308

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 required for principal officer, director, registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MANN, JOHN	
STREET ADDRESS	3900 GALT OCEAN DR #205	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	MANN, SUNDAY	
STREET ADDRESS	3900 GALT OCEAN DR #205	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3706 N Ocean Blvd #420
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33308
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3706 N. Ocean Blvd #420
2.4 CITY-ST-ZIP	Ft Lauderdale FL 33308
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

958
561-3381

CR2E034 (3/96)