

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H56493** (0)

1. Corporation Name  
**INTERNATIONAL GENEVA WATCHES, INC.**



Principal Place of Business: **7516 S.W. 28TH ST. DAVIE FL 33314**  
Mailing Address: **7516 S.W. 28TH ST. DAVIE FL 33314**

3. Date Incorporated or Qualified: **05/09/1985**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business  
21 **2455 N. NOB HILL RD.**  
Suite, Apt. #, etc. **BLDG. 198-103**  
City & State **SUNRISE, FLA.**  
Zip **33322**  
Country **BROWARD**

2a. Mailing Address  
26 **2455 N. NOB HILL RD.**  
Suite, Apt. #, etc. **BLDG 198-103**  
City & State **SUNRISE, FLA.**  
Zip **33322**  
Country **BROWARD**

4. FEI Number: **16-1118468**  
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. 199.032, Florida Statutes:  Yes  No

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

**BLATTER, RICHARD A.  
7516 S.W. 28TH ST.  
DAVIE FL 33314**

**10. Name and Address of New Registered Agent**

81 Name: **BLATTER, RICHARD A.**  
82 Street Address (P.O. Box Number is Not Acceptable): **2455 N. NOB HILL RD.**  
83 **BLDG. 198-103**  
84 City: **SUNRISE** FL 85 Zip Code: **33322**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	BLATTER, RICHARD A.	
STREET ADDRESS	7516 SW 28 STREET	
CITY-ST-ZIP	DAVIE FL	
TITLE	VST	<input type="checkbox"/>
NAME	BLATTER, ANNA	
STREET ADDRESS	7516 SW 28 STREET	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BLATTER, RICHARD A.		
1.3 STREET ADDRESS	2455 N. NOB HILL RD. 198-103		
1.4 CITY-ST-ZIP	SUNRISE, FLA. 33322		
2.1 TITLE	U.S.T.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BLATTER, ANNA...		
2.3 STREET ADDRESS	2455 N. NOB HILL RD. 198-103		
2.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Blatter **RICHARD A. BLATTER** 4/29/96 954-746-7389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)