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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

INTERNATIONAL GLOBAL METALS INC.

**FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
C/O SANDY LEIBOV C/O SANDY LEIBOV 1701 NW 31ST AVE 1701 NW 31ST AVE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311			DO NOT WRITE IN THIS SPACE			
	THE COURT PARE TE COURT			3 STAGE		
			3. Date Incorporated or Qualified 07/05/1988			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26	_	65-0066049	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	29 30	Country		Yes 🔲 No		
9. Name and Address of Current		10. Name and Address of New Registered Agent				
LEIBOV, SANDY 7547 BLACK OLIVE WAY		81 Name				
TAMARAC FL 33321		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
		83				
		84 City	<u>F</u>	85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati</li> </ol>	r Florida. Such change was authori	ized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered spointment as registered		

agent. Familian with, and accept the conganions of, Section 607,0003, 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		Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DPS	DELETE	1.1 TITLE	DIRECTOR	Change	<b>X</b> XAddition		
NAME	LEIBOV, BERNARD		1.2 NAME					
STREET ADDRESS	7547 BLACK OLIVE WAY		1.3 STREET ADDRESS	LEIBOV, HOWARD 5320 NW 88 AVENUE,	F100			
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	FORT LAMBERRALE	#102	_		
TITLE	DI	DELETE	2.1 TITLE	FORT LAUDERDALE, ÉL	OKIDA 333	<b>5.1 X</b> odition		
NAME	LEIBOV, SANDY		2.2 NAME	DIRECTOR	⊥ change	ALAI ADUIDON		
STREET ADDRESS	7547 BLACK OLIVE WAY		4	SCHULTZ, STEVEN				
	TAMARAC FL		2.3 STREET ADDRESS	10981 NW_20_DRIVE		ŀ		
CITY-ST-ZIP TITLE	11 000 11 0 10 1 10	DELETE	2. 4 CITY-ST-ZIP	CURAL SPRINGS, FI	33071	1 Addition		
		☐ nefere	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CtTY - ST - ZtP		D prime	3.4. CITY - ST- ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS			1		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME			İ		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			64 CITY - ST - 7IP			1		

I hereby certify that the informati indicated on this annual report of officer or director of the corporat Block 12 or Block 13 if charged g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in