

ANNUAL REPORT
1995

Division of Corporations
Secretary of State

FILED

95 MAY -1 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K40712** (7)

1. Corporation Name
INTERNATIONAL TRANSFER SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% ALEKSANDER OBRENOVIC 601 S.W. 25TH RD MIAMI FL 33129
% ALEKSANDER OBRENOVIC 601 S.W. 25TH RD MIAMI FL 33129

3. Date Incorporated or Qualified 10/21/1988 3a. Date of Last Report 08/08/1994

2. Principal Place of Business 2a. Mailing Address
21 1218 N.W. 72nd AVENUE 26 P.O. BOX 52-0943
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State MIAMI, FL. 28 City & State MIAMI, FL.
24 Zip 33126 25 Country U.S.A. 29 Zip 33152-0943 30 Country U.S.A.

4. FEI Number 65-0082669 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
OBRENOVIC, ALEKSANDER
601 S.W. 25TH RD
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 after registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	OBRENOVIC, ALEKSANDAR
STREET ADDRESS	601 S.W. 25TH RD
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	OBRENOVIC, RAQUEL
STREET ADDRESS	601 SE 25TH ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(1)(b), 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:  ALEKSANDAR OBRENOVIC 4/28/95 (205) 593-8757
PRESIDENT