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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

K40712

(7)

DOCUMENT #

1. Corporation Name INTERNATIONAL TRANSFER SERVICES, INC.

ERVICES, INC.			
Mailing Address P.O. BOX 52-0943 601 S.W. 25TH RD			
Miam i FL 33152-094 3 US		3. Date incorporated or Qualified 10/21/1988	3a. Date of Last Report 05/01/1995
2a. Mailing Address		4. FEI Number 65-0082669	Applied For Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p Co	ountry	8. This corporation has liability for	intangible tax under s 199.032. ☐ No
rrent Registerea Ageni	83		
	Marling Address P.O. BOX 52-0943 601 S.W. 25TH RD MIAMI FL 33152-0943 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cr	Mixling Address P.O. BOX 52-0943 S01 S.W. 25TH RD MIAMI FL 33152-0943 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 reent Registered Agent 81 Name 82 Street Add 83	Marling Address P.O. BOX 52-0943 601 S.W. 25TH RD MIAMI FL 33152-0943 US 2a. Mailing Address 25 Suite, Apt. #, etc. City & State Zip Country 28 Zip Country 29 Zip Country 30 Country 4. FEH Number 65-0082669 5. Certificate of Status Desired 7. Trust Fund Contribution 8. This corporation has liability for Florida Statules 28 Yes Trent Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptal)

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for

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his ling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statuto. I further port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under yor trie receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address 14. I do hereby certify that the information certify that the information indicated o cath; that I am an officer or director appears in Block 12 or Block 13 if gra

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0442612