FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M53434** **(0)**

1. Corporation Name
INVESTMENT RECOVERY CORPORATION

Principal Place of Business
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 — 25 — 29 — 30

4. FEI Number: **65-0036237** — 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. The corporation has ability to be managed or controlled in the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
IBC FIDUCIARY INC.
100 SE SECOND ST #2315-A
S-1202
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LOFDAL, RAGNAR
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY, ST, ZIP	MIAMI FL
TITLE	DV
NAME	LENS, WERNER
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	SMEJDA, LUCIUS
STREET ADDRESS	999 S BAYSHORE DR., #1202
CITY, ST, ZIP	MIAMI FL
TITLE	AS
NAME	HENLEY, J.
STREET ADDRESS	51-246 444 BRICKELL AVE
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 1994
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or is attached with an asterisk.

SIGNATURE: L. Smejda 4/28/95 (305)358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0132207 CP