FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N47978

(4)

INTERNATIONAL ASSOCIATION FOR MANAGEMENT OF TECH NOLOGY, INC.

Principal Place of Business Mailing Address					 	1 B1011 B2001 I	IIJII BIBII (BEI	
UNIVERSITY OF MIAMI THE GRADUATE			CHOOL			3- Date Incorporated or Qualified		
1000 MEMORIAL	_ DR	PO BOX 248125 - 210 FE	PO BOX 248125 - 210 FERRE			03/19/1992		
CORAL GABLES	FL 33124-2220		CORAL GABLES FL 33124-2220			4. FEI Number	1 14	pplied For
US		US				65-0331604		lot Applicable
2. Principal Pl	ace of Business	2a. Mailing Address	·					Additional
21		26				5. Certificate of Status Desired		lequired
Suite, Apt.	#, etc.	— ·	Suite, Apt. #, etc.			6. Election Campaign Financing		May Be
22			City & State			Trust Fund Contribution	Added	
City & State	;		28			7- Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the curr		ntangible
24	25	29	30					⊒ Ño
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered A	gent	
			8	31	Name			
KHALIL TAREK M			8	82 Street Address (P.		ss (P.O. Box Number is Not Acceptable)		
4225 SAN AMARO DRIVE			83					•
	NCIA AVE, SUITE 400		°	3				
CORAL GABLES FL 33146				4	City	FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	ites, the abo	ve-	named corpor		changing	its registered
office or re agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 617.0503, F	authorized Torida Statut	by t les.	the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	ointment a	s registered
SIGNATURE _								
	Signature, typed or printed name of registered			Agent	t signature required		S. S. S. S. S. S.	58.81.48
12.		AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	PPC	- Derese	1.1 TITLE 1.2 NAM				Oliziliye	☐ Youillon
NAME CYREET ADDRESS	KAHALIL, TAREK M 4225 SAN AMARO DR			-	ADDRESS	DECC		
STREET ADDRESS								
CITY-ST-ZIP TITLE	CORAL GABLES FL DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
į.				2.2 NAME			onengo	
NAME	VASCONCELLOS, EDUARDO RUA DARDANELOS, 108 APT 16B			2.2 NAME 2.3 STREET ADDRESS				
STREET ADORESS	SAN PAULO BR	1 100	2.3 STHEET ADDRESS 2. 4 City-ST-Zip					
CITY-ST-ZIP TITLE	SD SAN PAGEO DA	☐ DELETE	3.1 TITLE		1-212		Change	Addition
			-	3.2 NAME				
NAME	SMITH, RICHARD A 2116 E GENEVA DR				200500			
STREET ADDRESS			3.3 STRE					
CITY-ST-ZIP	PD L. DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
TITLE	• -	La Dirigit			Ì		L. Onlings	
NAME	MASON, ROBERT M	II GOOOD ELICUID AVE	4. 2 NAM					
STREET ADORESS	CASE WESTERN RESERVE U./10900 EUCLID AVE			4.3 STREET ADDRESS				
CITY-ST-ZIP				4,4 CITY-ST-ZIP			Change	Addition
TITLE		L_I DELETE	5.1 TITLE				change	TT VOOITION
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE		l l			
CITY - ST - ZiP		·	5.4 CITY		-ZIP		- 1 ot	Lare.
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET A	NDDRESS			

SIGNATURE:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 04 1998 8:00am

Secretary of State