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Feb 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000669 (1)

1. Corporation Name

INTERNATIONAL ASSOCIATION OF LAW ENFORCEMENT INTELLIGENCE ANALYSTS, INC.



Principal Place of Business

Mailing Address

8401 NORTHWEST 53RD TERRACE
SUITE 200
MIAMI FL 33166

P.O. BOX 52-2924
MIAMI FL 33152-2924

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 3101 Commerce PKwy

26 P.O. Box 821086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Miramar, FL

28 South Florida, FL

City & State

City & State

24 33025

25 USA

29 33082-1086

30 USA

Zip

Country

Zip

Country

4. FEI Number
52-1211212

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

10. Name and Address of New Registered Agent

MAUZ, JOSEPH R
8401 NORTHWEST 53RD TERRACE
SUITE 200
MIAMI FL 33166

Maureen C. Hollinger

81 Name Maureen C. Hollinger

82 Street Address (P.O. Box Number is Not Acceptable)
3101 Commerce Parkway

83
84 City Miramar

FL 85 Zip Code 33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Maureen C. Hollinger Maureen C. Hollinger 2/12/97

Signature typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PETERSON, MARILYN B
STREET ADDRESS 73 GORDON AVE.
CITY - ST - ZIP LAWRENCEVILLE NJ 08648

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VPT
NAME FRENCH, MARY Ann
STREET ADDRESS 16320 NW 2ND AVE.
CITY - ST - ZIP MIAMI FL 33169

2.1 TITLE VPT
2.2 NAME French, Mary Ann
2.3 STREET ADDRESS 16320 NW 2nd Ave.
2.4 CITY - ST - ZIP N. Miami Beach, FL 33169

TITLE T
NAME HOLLINGER, MAUREEN C.
STREET ADDRESS 16320 NW 2ND AVE. 310
CITY - ST - ZIP MIAMI FL 33169

3.1 TITLE T
3.2 NAME Hollinger, Maureen C.
3.3 STREET ADDRESS 3101 Commerce PKwy
3.4 CITY - ST - ZIP Miramar, FL 33025

TITLE T
NAME MCCARTHY, MARY
STREET ADDRESS 2001 MARINA DRIVE UNIT #205-W
CITY - ST - ZIP QUINCY MA 02171

4.1 TITLE Secretary
4.2 NAME Paul Grant Zendrowski
4.3 STREET ADDRESS 191 Laurier Ave. West, 18th Floor
4.4 CITY - ST - ZIP Ottawa, Ontario K1A 0L5

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Maureen C. Hollinger Maureen C. Hollinger 2/12/97 430-4912 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 430-4912

CP2E037 (9/96)