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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Mulqueen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071700 (7)

1. Corporation Name

INTERNATIONAL MANNING SYSTEMS, INC.

Principal Place of Business

Mailing Address

3250 SW 3RD AVE
STE 501
MIAMI FL 33129

3250 SW 3RD AVE
STE 501
MIAMI FL 33129

200001481242
-05/09/95--01108--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/08/1993 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 65-044884 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This Corporation has liability for interest on tax under § 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite Apt # etc. | 26. Suite Apt # etc. |
| 22. City & State | 27. City & State |
| 24. Zip | 29. Zip |
| 25. County | 30. County |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BLANCK, ROBERT W 9350 S DIXIE HWY STE 1550 MIAMI FL 33156 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. City | |
| | | 84. City | 85. Zip Code |
| | | FL | |

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: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE PD | LEVERONI, GIUSEPPE 3250 SW 3RD AVE #501 MIAMI FL 33129 | 11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S | GOMEZ-OSORIO, MARY 3250 SW 3RD AVE #501 MIAMI FL 33129 | 12. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D | CAFIERO, RICCARDO 17890 NE 31 CT #3330 AVENTURA FL | 13. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D DI VITA, ILARIO 3250 S.W. 3rd AVE. MIAMI, FL 33129 |
| TITLE | | 14. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | 15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | 16. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | 17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the exemption stated in Section 110.01(3)(b), Florida Statutes, I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the receiver or liquidator 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 in an attachment with an address.

SIGNATURE: Mary Osorio **Mary Osorio** **4/28/95** **(305) 854-1339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER