

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 4:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000046747 (9)

1. Corporation Name

I.A.S., CORPORATION

Principal Place of Business

**1406 NW. 82ND AVE.
MIAMI FL 33126**

Mailing Address

**1406 NW. 82ND AVE.
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification

06/22/1994

3a. State of First Report

4. FIC Number

65-0503656

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 § 199.032,
Florida Statutes Yes No

2. This is a New or Renewal

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MIZRACHI, BENJAMIN
1406 NW. 82ND AVE.
MIAMI FL 33126**

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 607.0543 and 607.1509, 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 or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

1001	D
NAME	MIZRACHI, BENJAMIN
STREET ADDRESS	1406 NW. 82ND AVE.
CITY & STATE	MIAMI FL 33126
1002	
NAME	
STREET ADDRESS	
CITY & STATE	
1003	
NAME	
STREET ADDRESS	
CITY & STATE	
1004	
NAME	
STREET ADDRESS	
CITY & STATE	
1005	
NAME	
STREET ADDRESS	
CITY & STATE	
1006	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1101	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102	
1103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1104	
1105	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106	
1107	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108	
1109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1112	
1113	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1114	
1115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1116	
1117	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1118	
1119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1120	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0543 and 607.1509, Florida Statutes. I further certify that the information included on the 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 liquidator appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block C, D, or Block C, D, C, changed, or on an alternate form with an address.

SIGNATURE: *Benjamin Mizrahi* **BENJAMIN MIZRACHI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 (305) 592-7969