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Apr 22 1997 8:00am

Secretary of State

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CORPORATION ANNUAL REPORT 1995 7



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

DOCUMENT # P94000067176 (5)

1. Corporation Name

INTEGRATED HOLDINGS INC.

Principal Place of Business

Mailing Address

3440 NW 203 ST MIAMI FL 33056

3440 NW 203 ST MIAMI FL 33056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/09/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0560075

Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLAWALE, OLALEYE 3440 NW 203 ST MIAMI FL 33056

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 607.0506, Florida Statutes.

SIGNATURE

Print the type, the printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD OLAWALE, OLALEYE 3440 NW 203 ST MIAMI FL 33056

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

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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

Change Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: OLAWALE, OLALEYE OLAWALE

04-02-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #