

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000038727 (0)**
 1. Corporation Name

INTERNATIONAL REALTY CONSULTANTS, INC.



Principal Place of Business	Mailing Address
3401 TAMiami TRAIL NORTH SUITE 207 NAPLES FL 33940	3401 TAMiami TRAIL NORTH SUITE 207 NAPLES FL 33940

3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 400 Fifth Ave. S.	26 400 Fifth Ave. S.
Suite, Apt #, etc.	Suite, Apt #, etc.
22 # 300	27 # 300
City & State	City & State
23 Naples	28 Naples
Zip	Zip
24 FL 34102	29 FL 34102
Country	Country
25	30

4. FEI Number 65-0505911	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 intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUDRUN MARIA NICKEL, P.A.
 350 FIFTH AVENUE SOUTH, #200
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name Euro-American Consulting, Inc.	85 Zip Code 34102
82 Street Address (P.O. Box Number is Not Acceptable) 400 Fifth Ave. S.	
83 # 300	
84 City Naples	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]* **Rainer N. Filthaut President** **6/10/96**
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	FILTHAUT, RAINER N	
STREET ADDRESS	3401 TAMiami TRAIL NORTH SUITE 207	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	716 Turkey Oak Lane
14 CITY - ST - ZIP	Naples, FL 33963
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Turner Cheryl
23 STREET ADDRESS	716 Turkey Oak Lane
24 CITY - ST - ZIP	Naples, FL 33962
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **6/10/96** **(541) 643 1131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed

CR2E034 (3/96)