

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000004836 (8)

1. Corporation Name
INTERNATIONAL MANAGEMENT SERVICES, INC.



Principal Place of Business
**1401 BRICKELL AVE., STE. 300
MIAMI FL 33131**

Mailing Address
**1401 BRICKELL AVE., STE. 300
MIAMI FL 33131-3502**

3. Date Incorporated or Qualified
01/12/1996

3a. Date of Last Report

2. Principal Place of Business
21 **14748 S.W. 56th CT**

2a. Mailing Address
26 **14748 S.W. 56th ST**

4. FEI Number
65-0640228

Applied For
Not Applicable

22. State, Apt. #, etc.
27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
MIAMI, FLORIDA

28. City & State
MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip
33185

25. Country
U.S.A.

29. Zip
33185

30. Country
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEISS, MICHAEL N
WEISS & HERNANDEZ, P.A.
1401 BRICKELL AVE., STE. 300
MIAMI FL 33131**

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 607.0502 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HYAT-KHAN, NEQUIB	
STREET ADDRESS	555 NE 34 ST., #1002	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYAT, LEENA	
STREET ADDRESS	555 NE 34 ST., #1002	
CITY-ST-ZIP	MIAMI FL 33137	
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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEQUIB HYAT-KHAN	
1.3 STREET ADDRESS	5433 S.W. 149 CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33185	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEENA HYAT	
2.3 STREET ADDRESS	5433 S.W. 149 CT	
2.4 CITY-ST-ZIP	MIAMI, FL 33185	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nequib Hyat Khan **NEQUIB HYAT-KHAN** **4/15/97** **(305) 388-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)