

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

APPROVED  
AND  
FILED

pg. 1 of 2

98 MAY -4 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000015819 (1)  
1. Corporation Name  
INTERNATIONAL ESCROW AGENTS, INC.

Principal Place of Business: 1700 E. LAS OLAS BLVD., PH III FT. LAUDERDALE FL 33301  
Mailing Address: 4700 E. LAS OLAS BLVD., PH III FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1996  
4. FEI Number: 65-0641759  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Boca Raton, FL 24 Zip: 33432 25 Country: USA  
2a. Mailing Address: 26 555 S. Federal Hwy 27 Suite, Apt. #, etc. 28 Boca Raton, FL 29 Zip: 33432 30 Country: USA  
9. Name and Address of Current Registered Agent: ROSSI, RICHARD 1700 E. LAS OLAS BLVD., PH III FT. LAUDERDALE FL 33301  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 200 84 Boca Raton FL 85 Zip Code 33432

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] DATE: 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSSI, RICHARD		1.2 NAME: [Blank]	
STREET ADDRESS: 1700 E. LAS OLAS BLVD., PH III		1.3 STREET ADDRESS: 555 S. Federal Hwy.	
CITY-ST-ZIP: FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP: SUITE 200 BOCA RATON, FL. 33432	
TITLE: [Blank]	<input type="checkbox"/> DELETE	2.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		2.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		2.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		2.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	3.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		3.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		3.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		3.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		4.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

14. I 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: [Signature] DATE: 4/29/98

CR2E034 (10/97)

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 803855 170487A

AUTHORIZATION :

*Patricia F. [unclear]*

COST LIMIT : \$ 150.00

ORDER DATE : May 1, 1998

ORDER TIME : 4:34 PM

ORDER NO. : 803855-005

CUSTOMER NO: 170487A

CUSTOMER: Richard Rossi, Esq  
Richard Rossi, Atty., P.a.  
Suite 200  
555 South Federal Highway  
Boca Raton, FL 33432

ANNUAL REPORT FILING

NAME: INTERNATIONAL ESCROW AGENTS,  
INC.

RECEIVED  
98 MAY -4 AM 8:19  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- \_\_\_\_\_ CERTIFIED COPY
- \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

*A. Alan*  
*5/4/98*