

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015819

1. Corporation Name
INTERNATIONAL ESCROW AGENTS, INC.

Principal Place of Business
**1780 E. LAS OLAS BLVD., PALM
FT. LAUDERDALE, FL 33301
6830 N. Federal Highway
Boca Raton, FL 33487**

Mailing Address
**555 S. FEDERAL HWY. 555 S. Federal Hwy.
SUITE 200 Suite 200
BOCA RATON FL 33432 Boca Raton, FL
33432**

2. Principal Place of Business
21 **6830**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**ROSSI, RICHARD
555 SOUTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432**

**Rossi Richard
555 S. Federal Hwy.
Suite 200
Boca Raton, FL
33432**

81 Na

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

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

[Signature]

DATE **4/29/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	ROSSI, RICHARD	
STREET ADDRESS	555 S. FEDERAL HWY., SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
R. Rossi Change [] Addition
265 S. Federal Hwy
PMB#305
Deerfield Bch FL 33441
[] Change [] Addition

4000102862454-8

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 **954-422-4974**

FILED

APR 4 PM 3:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **02/20/1996**
- 4. FEI Number: **65-0641759** 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 owes the current year Intangible Personal Property Tax: [] Yes [X] No

10. Name and Address of New Registered Agent

0340788

CR2E034 (11/98)

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ACCOUNT NO. : 072100000032
REFERENCE : 225972 7168550
AUTHORIZATION :
COST LIMIT : \$ 150.00

ORDER DATE : May 3, 1999
ORDER TIME : 1:16 PM
ORDER NO. : 225972-045
CUSTOMER NO: 7168550
CUSTOMER: Richard Rosi, Esq
Richard Rossi, Esq.
Suite 299
265 South Federal Highway
Deerfield Beach, FL 33441

ANNUAL REPORT FILING

NAME: INTERNATIONAL ESCROW AGENTS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

STAMPED COPY
5/4/99
Stacy