

P97000034717

**Marlin James Air Conditioning  
and Heating, Inc.**

FILED

97 APR 17 PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 04, 1997

200002145742--7  
-04/17/97--01008--009  
\*\*\*122.50 \*\*\*122.50

Corporate Records Bureau  
Division of Corporations, Department of State  
P.O. Box 6327  
Tallahassee, FL 32301

RE: Marlin James Air Conditioning and Heating, Inc.

Gentlemen:

Enclosed is a Certificate of Incorporation for the above named corporation,  
together with a check in the amount of \$122.50 to cover the cost.

Please file the Certificate of Incorporation and return a certified copy to the  
undersigned at the above referenced address.

Sincerely,



Marlin S. Clark, Sr.

Enclosures

PH  
4/17/97

**ARTICLES OF INCORPORATION  
OF  
Marlin James Air Conditioning  
and Heating, Inc.**

FILED  
97 APR 17 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned subscriber, a natural person, competent to contract, hereby form a corporation for profit under the provisions of Chapter 607, Florida Statutes, and do hereby adopt the following Articles of Incorporation as the Charter of the Corporation.

**I. NAME**

The name of the corporation shall be:

Marlin James Air Conditioning and Heating, Inc.

**II. TERM OF EXISTENCE**

The corporation shall have perpetual existence, unless sooner dissolved pursuant to the provisions of Florida Statutes, Chapter 607.

**III. NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation is air conditioner sales and installation. The corporation may engage in any activity or business permitted under the laws of the United States of America, and of the State of Florida, including, but not limited to dealing in real, personal, or mixed property of any kind or description; dealing in stocks, bonds, mortgages, securities, notes and commercial papers of any kind; to purchase, hold, sell and transfer shares of its own capital stock, provided that the corporation shall not purchase its own shares of capital stock except from a surplus of its assets over its liabilities including capital.

#### **IV. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be as follows: One Thousand (1,000) shares of common stock having par value of ONE (\$1.00) DOLLAR per share.

#### **V. ADDRESS**

The initial address of this corporation as its principal office in the state of Florida is:

202 Morningside Drive, Valrico, FL 33594

#### **VI. DIRECTORS**

The number of directors of this corporation shall not be less than one (1) nor more than seven (7).

#### **VII. INITIAL DIRECTORS**

The names and street addresses of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Marlin S. Clark, Sr.	202 Morningside Drive, Valrico, FL 33594
Glenda Clark	202 Morningside Drive, Valrico, FL 33594
James T. Griffin, Sr.	5318 Berry Patch Road, Dover, FL 33527

All of said directors are of full age.

### **VIII. SUBSCRIBER**

The name and street address of the subscriber of these Articles of Incorporation is:

Marlin S. Clark, Sr., 202 Morningside Drive, Valrico, FL 33594

### **IX. SALE OF STOCK**

The stockholders may by law provisions or by stockholders agreement recorded in the minute book, impose such restrictions upon sale, transfer, or encumbrance of the stock of this corporation as they see fit.

### **X. COMPENSATION**

The directors, who are also officer of the corporation, are authorized to fix compensation for their services to be rendered as such officers.

### **XI. AMENDMENTS**

These Articles of Incorporation may be amended in the manner provided by law. Each amendment shall be approved at a stockholders meeting by a majority of the stockholders entitled to vote thereon.

**XII. DESIGNATION OF RESIDENT AGENT**

In pursuance of Chapter 48-091 Florida Statutes, Marlin S. Clark, Sr., whose address is at 202 Morningside Drive, Valrico, FL 33594, is appointed resident agent of this corporation to accept service within this State.

IN WITNESS WHEREOF, the undersigned subscriber does hereby set his hand and seal this 5th day of April, 1997.



---

Marlin S. Clark, Sr.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

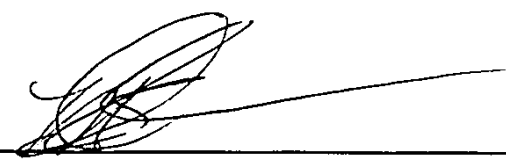
In pursuance of Chapter 48-091, Florida Statutes, the following is submitted, in compliance with said Act;

First - Marlin James Air Conditioning & Heating, Inc. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at the city of Valrico, County of Hillsborough, State of Florida has named Marlin S. Clark, Sr., located at 202 Morningside Drive, Valrico, FL 33594 its agent to accept service of process within the state.

FILED  
97 APR 17 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACKNOWLEDGMENT:**

Having been named to accept service process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.



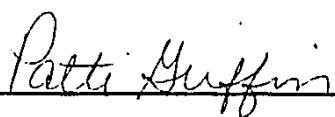
---

Marlin S. Clark, Sr.

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

BEFORE ME, personally appeared Marlin S. Clark, Sr., to me well known to be the individual, or who showed me personally known as a form of identification and acknowledged before me that he/she executed the same for the purposes therein expressed.

Witness my hand and official seal in the county and state named above this 8th day of April, 1997.



---

Notary Public, State of Florida at Large.

My commission expires:



P9700034718



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 24, 1997

INTERNATIONAL EXECUTIVE SERVICES, INC.  
ATTN: SULE  
1717 N BAYSHORE DR, SUITE 1733  
N MIAMI BEACH, FL 33179

SUBJECT: INTERNATIONAL EXECUTIVE SERVICES, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a NON PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a PROFIT corporation and assigned new document number P97000034718 with the original file date of May 5, 1992.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,  
Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter number: 397A00019629

P97000034718

F.M.  
2

Phillip L. Glickman  
605 Liveo Dairy Rd.  
Suite G -103  
N. Miami Beach, Fl 33179

-05/05/92--00095--006  
DOMESTIC CHARTER \$122.50  
REGISTERED AGENT---\*\*\*\*35.00  
CHARTER FILING-----\*\*\*\*35.00  
CERT/PHOTO COPY-----\*\*\*\*\$2.50  
=====   
TOTAL-----\*\*\*122.50

**CORPORATION(S) NAME**

INTERNATIONAL EXECUTIVE  
SERVICES

**EFFECTIVE DATE**

5-1-92 Amendment

FILED  
MAY 15 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Mark
- Other
- Change of R.A.
- CUS
- After 4:30
- Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031(1-89)

42-9191  
5/6/92  
883,084,125  
715  
1945





**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

**May 7, 1992**

**PHILLIP GLICKMAN**  
**605 IVES DAIRY ROAD**  
**SUITE G-103**  
**NORTH MIAMI BEACH, FL 33179**

**SUBJECT: INTERNATIONAL EXECUTIVE SERVICES INC.**  
**Reference: W59191**

**Dear MR. GLICKMAN:**

**We have received your document for the above corporation and your check(s) totaling \$122.50. However, the document has not been filed and is being returned for the following:**

**Section 617.0202(d), Florida Statutes, requires that the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.**

**Return your document along with a copy of this letter within 60 days or your filing will be considered abandoned.**

**If you have questions concerning the filing of your document, please call (904) 487-6878.**

**Terri Buckley**  
**Corporate Specialist**  
**Business Organization Filing Section**

EFFECTIVE DATE  
5-1-92

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is:

INTERNATIONAL EXECUTIVE SERVICES, INC.

and the initial principal address of the corporation is:

1717 N. BAYSHORE DRIVE SUITE 2755 MIAMI FL. 33132

ARTICLE II

The period of the duration of this corporation is

PERPETUAL

unless dissolved according to law. Corporate existence shall commence upon

5-1-1992

ARTICLE III

The purpose or purposes for which the corporation is organized are:

EXECUTIVE RELATED SERVICES

FILED  
1992 MAY -5 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV

The qualifications for members and the manner of their admission are:

EXECUTIVE RELATED SERVICES

ARTICLE V

The street address and city of the initial registered office of the corporation is

1005 IVES DRIVE Rd G-103  
NORTH MIAMI BEACH FL 33179

and the name of its initial registered agent at such address is

PHILLIP L. GLICKMAN C.P.A.

ARTICLE VI

The number of the 3 constituting the initial Board of DIRECTORS of the corporation is

and the names and addresses of the persons who are to serve as the initial directors are:

(NOT LESS THAN 3)

THE MANNER OF SELECTION OF THE DIRECTORS IS CONTAINED IN THE BYLAWS. THE SELECTION OR APPOINTMENT IS MADE AT ADDRESS THE

NAME

PHILLIP L. GLICKMAN CPA ANNUAL MEETING 605 IVES DAIRY RD. G-103 NORTH MIAMI BEACH, FL. 33179

ALLISON H. CROFT 1050 SW 15th AVENUE BOCA RATON, FL. 33480 AS THE INITIAL DIRECTORS

Ronald Eppinger

1717 NORTH BOYSHORE DRIVE SUITE 2755 MIAMI, FLORIDA 33132

ARTICLE VII

This corporation is organized under a non-stock basis WITH 100,000 SHARES OF \$1.00 PAR VALUE

ARTICLE VIII CLASS MAINTAINED TRUST AND SHARES

In the event of dissolution, the residual assets of the organization shall be divided and to one or more organizations which themselves are exempt or organizations described in Sections 501(c)(3) and 2702(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local government for exclusive public purpose.

ARTICLE IX

The name and address of each incorporator is:

NAME

PHILLIP L. GLICKMAN CPA

ADDRESS

605 IVES DAIRY RD G103 NORTH MIAMI BEACH, FLORIDA 33179

ALLISON H. CROFT

1050 SW 15th AVENUE BOCA RATON, FL. 33480

Ronald Eppinger

1717 NORTH BOYSHORE DR. SUITE 2755 MIAMI, FLORIDA 33132

Dated the 29 day of APRIL, 19 92

IN WITNESS WHEREOF, the undersigned being the incorporator(s) of this corporation have executed these Articles of Incorporation.

Signature(s) of Incorporator(s)

Phillip S. Richardson  
Small R. [unclear]

FILED  
APR 29 1992  
AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above named corporation at a place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

Phillip S. Richardson

Registered Agent

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME  
THIS 29th DAY OF April, 1992.

Quarante Orador

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. OCT. 7, 1994  
BOUNDED THRU GENERAL INS. USD.

**File Now. Filing Fee after May 1 is \$225.00**

**APPROVED AND FILED**

**93 MAY -1 PM 3:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1993**



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000034718**  
**INTERNATIONAL EXECUTIVE SERVICES, INC.**  
**1717 N BAYSHORE DR APT 2755**  
**MIAMI FL 33132-1163**

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, file through nearest television and order company for a new one.

3. Date incorporated or chartered: **05/01/1992** 3a. Date of Last Report: **08/26/1992**

FILING FEE: **\$200.00**  
ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. Filing Number: **65-0330377** Actual For:  Not Applicable

2. Mailing Address		2a. Principal Place of Business	
21 State, Apt. #, etc.	22 City & State	26 State, Apt. #, etc.	27 City & State
23 Zip	24 Country	28 Zip	29 Country
		30	

5. Contribution of Shares/Dividends	<input type="checkbox"/>	\$81.25
6. Shareholder Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonresident with 10% or more of the Corporation's Assets	<input type="checkbox"/>	\$138.75 Supplemental Fee Not Required
8. This corporation has elected to be taxed as a partnership under Subchapter S of the Internal Revenue Code	<input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent  
**GLICKMAN PHILLIP L.**  
**605 IVES DAIRY ROAD**  
**SUITE G-103**  
**NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent	81. Name	82. Address	83. City & State	84. Zip	85. Country	86. Telephone
					FL	

11. Pursuant to the provisions of Sections 607 (a)(2) and 607 (a)(3) of the Florida Statutes, I, the undersigned, do hereby certify that the information furnished herein is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am a shareholder of the corporation and I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility of the duties of a registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(The present Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
1.1 TITLE	D	1.1 TITLE	D
1.2 NAME	GLICKMAN, PHILLIP L.	1.2 NAME	RONALD EPPINGER JR.
1.3 ADDRESS	605 IVES DAIRY ROAD	1.3 ADDRESS	800 WEST AVE. # 914
1.4 CITY-ST-ZIP	NORTH MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BCH, FL. 33139
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	GROFF, ALLISON, W.	2.2 NAME	
2.3 ADDRESS	1250 S.W. 16TH AVENUE	2.3 ADDRESS	
2.4 CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
3.1 TITLE	D	3.1 TITLE	
3.2 NAME	EPPINGER, RONALD	3.2 NAME	
3.3 ADDRESS	1717 NORTH BAYSHORE DR.	3.3 ADDRESS	
3.4 CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I certify that the information included on this annual report or supplemental report is true and correct and that my signature is in the proper place on the report. I further certify that I am an officer or director of the corporation or the person or persons authorized to sign the report as required by the Florida Statutes, and that my name appears on the report. I understand that the information on this report is required by the Florida Statutes.

SIGNATURE Phillip L. Glickman DATE 3/10/93  
Print/Type Name of Signing Officer or Director: PHILLIP L. GLICKMAN Title: DIRECTOR  
Telephone Number: (305) 358-9006

SECURITY 52

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

**84 AUG -2 AM 9:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1994**



**FLORIDA DEPARTMENT OF STATE**  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** *P97000034718*

1. Corporation Name  
**INTERNATIONAL EXECUTIVE SERVICES, INC.**

1. Mailing Address  
**1717 NORTH BAYSHORE DRIVE  
 SUITE 2755  
 MIAMI FL 33132**

Principal Place of Business  
**1717 NORTH BAYSHORE DRIVE  
 SUITE 2755  
 MIAMI FL 33132**

*If above addresses are incorrect in any way, file a change of address information and enter correction below.*

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (Taxable)	3a. Date of Last Filing
<b>05/01/1992</b>	<b>05/01/1993</b>
4. FEIN #	Applied For
<b>65-0330377</b>	Net Applicant
5. Certificate of Status District	B. License Corporation
<b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	Employing Post
7. Nonprofit with 1495 following	Local Contributor <input type="checkbox"/>
Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for enterprise tax under S. 199.022, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Mailing Address	2a. Principal Place of Business
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	Zip
25	30

8. Name and Address of Current Registered Agent

**GLICKMAN PHILIP L.  
 605 MES DAIRY ROAD  
 SUITE G-103  
 NORTH MIAMI BEACH FL 33179**

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 (502 and 607, 1508 or Sections 217 (502 and 617, 1508, Florida Statutes, the above named corporation consents 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, Sections 6, 1056 or 117 (940), Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, name or printed name of registered agent and title if applicable. (SEE INSTRUCTIONS) \_\_\_\_\_  
 Title of registered agent (if not registered with the state) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	GLICKMAN, PHILIP L.
13 STREET ADDRESS	605 MES DAIRY ROAD
14 CITY, ST., ZIP	NORTH MIAMI BCH FL
21 TITLE	D
22 NAME	EPPINGER RONALD J
23 STREET ADDRESS	800 WEST AVE #914
24 CITY, ST., ZIP	MIAMI FL
31 TITLE	D
32 NAME	EPPINGER, RONALD
33 STREET ADDRESS	1717 NORTH BAYSHORE DR.
34 CITY, ST., ZIP	MIAMI FL
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 1993

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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims no liability for the information stated in Sections 11-14 of the Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same effect as if I had made under oath. That I am an officer or director of the corporation or the receiver or trustee or authorized to execute this report as required by Chapter 107 or Chapter 117, Florida Statutes, and that my name appears in Block 11 or Block 21 of this report, or an attachment with an address.

SIGNATURE: *Ronald R. Eppinger* **Ronald R. Eppinger 7/28/94** *358-9000*

*358-9000*

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12: 27

**DOCUMENT #** P97 0000 34718  
1. Corporation Name  
**INTERNATIONAL EXECUTIVE SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1717 NORTH BAYSHORE DRIVE SUITE #110  
MIAMI FL 33132 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1992 3e. Date of Last Report 09/02/1994  
4. FEI Number 65-0330377 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 110 26 Suite, Apt. #, etc. 110  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
GLICKMAN PHILIP L.  
605 IVES DAIRY ROAD  
SUITE G-103  
NORTH MIAMI BEACH FL 33179

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req. and when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICKMAN, PHILIP L. 605 IVES DAIRY ROAD NORTH MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPINGER, RONALD J 800 WEST AVE #914 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPINGER, RONALD 1717 NORTH BAYSHORE DR. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 N. Bayshore Dr. #110 Miami, FL 33132
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Suite 110
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(X), 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: Ronald R Eppinger RONALD R EPPINGER 3/15/95 358-9006 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *96*  
REINSTATEMENT



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

FILED

96 NOV 18 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000034718*

1 Corporation Name

INTERNATIONAL EXECUTIVE SERVICES, INC.



REINSTATEMENT *96*

Principal Place of Business Mailing Address  
1717 NORTH BAYSHORE DRIVE 1717 NORTH BAYSHORE DRIVE  
SUITE 110 SUITE 110  
MIAMI FL 33132 MIAMI FL 33132  
US US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		05/01/1992	
City & State		City & State		5 FEI Number	
Zip		Country		65-0330377	
				Applied For	
				Not Applicable	
				6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GLICKMAN, PHILLIP L.	605 IVES DAIRY ROAD	NORTH MIAMI BCH FL
D	EPPINGER, RONALD J	1717 N. BAYSHORE DRIVE, #110	MIAMI FL
D	EPPINGER, RONALD	1717 NORTH BAYSHORE DRIVE #110	MIAMI FL
			4000002010964--7 -11/21/96--01033--010 ****383.75 ****383.75
			DB11-19-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
GLICKMAN PHILLIP L. 605-IVES DAIRY ROAD SUITE G-103 NORTH MIAMI BEACH FL 33179		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc		
		City		
		State	Zip Code	
		FL		

10 I, being appointed the *agent* of the *corporation* *Phillip L. Glickman* with and accept the obligation of Section 607.005, F.S.  
Signature of Registered Agent *Phillip L. Glickman* *11/14/96 (305) 652-4241*  
MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other schedule for information on intangible tax)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Ronald Eppinger* *Ronald Eppinger Cert 3/96 (305) 378-9491*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)