

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V27179 (3)**
1. Corporation Name
INTERNATIONAL REISEN AND BROKERAGE CORPORATION



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 719 3RD AVE NEW SMYRNA BCH FL 32169 US | 719 3RD AVE NEW SMYRNA BCH FL 32169 US |

| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4168 SO. ATLANTIC AVENUE | 26 4168 SO. ATLANTIC AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 NEW SMYRNA BEACH, FLORIDA | 28 NEW SMYRNA BEACH, FLORIDA |
| Zip | Zip |
| 24 32169 | 29 32169 |
| Country | Country |
| 25 USA | 30 USA |

| | |
|---|---------------------------------------|
| 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 04/06/1992 | 07/07/1995 |
| 4. FEI Number | Applied For |
| 59-3120522 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**FERRARO, CYNTHIA
719 3RD AVE
NEW SMYRNA BCH FL 32169**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 4168 SO. ATLANTIC AVENUE |
| 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 date of appointment. (NOTE: Registered Agent Signature required when removing.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PV | <input type="checkbox"/> DELETE |
| NAME | BORNHOLDT, KLAUS | |
| STREET ADDRESS | HANS-BOEHM-ZEILE 7 | |
| CITY-ST-ZIP | BERLIN 37 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FERRARO, CYNTHIA | |
| STREET ADDRESS | 719 3RD AVE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BISHOP, ULRIKE | |
| STREET ADDRESS | 719 3RD AVE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| 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 | 4168 SO. ATLANTIC AVENUE |
| 14 CITY-ST-ZIP | NEW SMYRNA BEACH, FLORIDA 32169 |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 4168 SO. ATLANTIC AVENUE |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 4168 SO. ATLANTIC AVENUE |
| 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 or person 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: **KLAUS BORNHOLDT** 04/24/96 (904) 426-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept. #

CR2E034 (12/95)