FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G98877** **(5)**

1. Corporation Name
INTERNATIONAL GOGUET CORPORATION

Principal Place of Business
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **02/24/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2397231** ☐ 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. [illegible] Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.
100 S E SECOND STREET
2315-A
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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**PD**
NAME	**GOGUET, MARC**
STREET ADDRESS	**444 BRICKELL AVE., #51-246**
CITY-ST-ZIP	**MIAMI FL**
TITLE	**V**
NAME	**GOGUET, JEAN-LUC**
STREET ADDRESS	**444 BRICKELL AVE #51-246**
CITY-ST-ZIP	**MIAMI FL**
TITLE	**S**
NAME	**SMEJDA, LUCIUS**
STREET ADDRESS	**444 BRICKELL AVE #51-246**
CITY-ST-ZIP	**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

TITLE	**AS** ☐ Change ☒ Addition
NAME	**MAXFIELD, P.**
STREET ADDRESS	**444 Brickell Ave. #51-246**
CITY-ST-ZIP	**Miami FL**
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing [illegible]

SIGNATURE: L. Smejda 4/28/95 305-358-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR