

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002068

**Entity Name:** INTERNATIONAL HOMICIDE INVESTIGATORS ASSOCIATION, INC.**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**4998037144CC****Current Principal Place of Business:**14910 DALE MABRY HIGHWAY NORTH  
BOX 340529  
TAMPA, FL 33694**Current Mailing Address:**PO BOX 340529  
TAMPA, FL 33694 US**FEI Number: 42-1322075****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARINO, PAUL J ESQ  
13300 INDIAN ROCKS ROAD #1404  
LARGO, FL 33774 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	CORRADO, MICHAEL
Address	461 NORTH CHEW ROAD
City-State-Zip:	HAMMONTON NJ 08037

Title	PAST PRESIDENT
Name	BELLI, PAUL
Address	4510 ORANGE GROVE AVENUE
City-State-Zip:	SACRAMENTO CA 95841

Title	CFO
Name	LEWIS, STEVE
Address	2008 EAST 8TH AVENUE
City-State-Zip:	TAMPA FL 33605

Title	D
Name	BURAS, STEPHEN V
Address	3300 METAIRIE ROAD
City-State-Zip:	METAIRIE LA 70001

Title	PRESIDENT
Name	ESTEBAN, GREGORY M
Address	349 KAPIOLANI STREET
City-State-Zip:	HILO HI 96720

Title	VP
Name	RAUCH, JOSEPH M
Address	2711-15 ATLANTIC AVENUE
City-State-Zip:	ATLANTIC CITY NJ 08401

Title	D
Name	BLAIR, R.MICHAEL
Address	2224 NORTH FALKENBURG ROAD
City-State-Zip:	TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN J. LEWIS****TREASURER****01/28/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date