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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

284106 DOCUMENT # 1. Corporation Name

INTERNATIONAL INVESTMENT CORPORATION OF FLORIDA

| INC. | | | | | | | | | |
|--|--|-------------|----------------------------------|-----------|-----------|--|---|--------------------------------|---|
| Principal Place | of Business | Ma | alling Address | | | | n idettid binds intie middi eibir m | prim 1971 1991 | A.s. 4141: A:B:: A:A:: A:A:: A:A:: A:B:: (A.A. |
| 13255 KEYSTONE TERRACE NORTH MIAMI FL 33161 | | | 13255 KEYSTONE NORTH MIAMI FL | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 08/10/1964 | 3a. D | 03/10/1995 |
| 2. Principal Pla | ce of Business | 2a. | Mailing Address | | | | 4. FET Namber 59-1144485 | | Applied For Not Applicable |
| Suite, Apt. # | , etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | | 28 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | | Zip Country 30 | | ,, | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| | 9. Name and Address of Curre | nt Regis | tered Agent | | · · · · · | | 10. Name and Address of New I | Register | ed Agent |
| | N,HOWARD L | | | 81 | | Name | dress (P.O. Box Number is Not Accepta | nloi | |
| 13255 KEYSTONE TERR | | | | 82 | \perp | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| NORTI | H MIAMI FL | | | 83 | 3 | | | | |
| | | | | 84 | 1 | City | | F | |
| SIGNATURE | o the provisions of Sections 607.050 ad agent, or both, in the State of Flo- h, and accept the obligations of, Sec Signature, type is printed name of registered as | <i>-</i> | Man | | | | oration submits this statement for the po and of directors. Thereby ascept the app | irpose of pointment batt | changing its registered office it as registered agent. I am |
| 12. | OFFICERS A | | | T 13. | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECTORS IN 12 |
| TITLE | PD | 40 Dillies | DELETE | 1 1 1176 | F | | | | Change Addition |
| NAME | ULLMAN,HOWARD L | | | 12 NAME | Ī | | | | |
| STREET ADDRESS | 13255 KEYSTONE TERRA | CE | | 13STREE | ET AI | DEPRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI FL | | | 1.4 CITY- | - \$1- | ZIP | | | |
| TITLE | DVS | | ☐ DELETE | 2 1 7171. | F | | | | Change 🗀 Addition |
| NAME | ULLMAN,RITA R | | | 2 2 NAME | E | | | | |
| STREET ADDRESS | 13255 KEYSTONE TERRA | CE | | 2.3 STREE | ET A | DDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI FL | | | 2 4 CITY | - ST- | ZIP | | | |
| TITLE | | | DELETE | 3 1 TiTLE | E | | | | Change Addition |
| NAME | | | | 3.2 NAM8 | E | | | | |
| STREET ADDRESS | | | | 33 \$1RE | EFLA | ADDRESS | | | |
| CITY-ST-ZIP | | | Em) ner bre | 34 CI*Y | | ZiP | | | [] Change [] Addition |
| TITLE | | | DELETE | 4 1 TITLI | | | | | ☐ Grange ☐ Addition |
| NAME | | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | | 4.3 S1RE | | | | | |
| CITY-ST-ZIP | | | FIDELETE | 4.4 CHY | | · ZIF' | | | Change Addition |
| TITLE | | | DELETE | 5 1 TITU | | | | | |
| NAME | | | | 5.2 NAM | | Por co | | | |
| STREET ADDRESS | | | | 53 SIRE | | | | | |
| CITY-ST-ZIP | | | DELETE | 5.4 City | | - ZIP | | · · · | Charge Addition |
| TITLE | | | | 6 1 117L | | | | | <u></u> |
| NAME | | | | 6 2 NAM | | oppus ee | | | |
| STREET ADDRESS | | | | 63 STHE | | | | | |

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 ano that my signature shall have the same logal effect as if made under cath; 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 an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)