

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR - 7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **492234** (0)
1. Corporation Name
INTERNATIONAL REALTY & MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
3446 8TH STREET STE. 214 MIAMI FL 33135 US **3446 8TH STREET STE. 214 MIAMI FL 33135 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/10/1975** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
21 **717 PONCE DE LEON BLVD.** 26 **717 PONCE DE LEON BLVD.** 4. FEI Number **59-1637826** Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable
22 **331** 27 **SUITE 331** 5. Certificate of Status Desired \$8.75 Additional
City & State City & State Trust Fund Contribution \$5.00 May Be
23 **CORAL GABLES FLA** 28 **CORAL GABLES FLA** Added to Fees
24 **33134** 25 **DADE** 29 **33134** 30 **DADE** 8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SUAREZ, GUSTAVO 81 Name
3446 SW 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable)
STE. 214 **717 PONCE DE LEON BLVD.**
MIAMI FL 33135 83 **SUITE 33**
84 City **CORAL GABLES FL** 85 Zip Code **33134**

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 _____ (Signature, hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, GUSTAVO	1.2 NAME	
STREET ADDRESS	3446 SW 8TH ST., #314	1.3 STREET ADDRESS	717 PONCE DE LEON BLVD. #331
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FLA 33134
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, LUIS E.	2.2 NAME	
STREET ADDRESS	5520 ALHAMBRA CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, GUSTAVO	3.2 NAME	
STREET ADDRESS	3446 SW 8TH ST., #214	3.3 STREET ADDRESS	717 PONCE DE LEON BLVD #331
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	CORAL GABLES FLA 33134
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(A), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or as an attachment with an address.

SIGNATURE: *Gustavo Suarez* 2/18/95 854-5081
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
GUSTAVO SUAREZ