FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **508722** **(6)**

1. Corporation Name

I L M CORPORATION

Principal Place of Business

3900 NW 79 AVE
SUITE 201
MIAMI FL 33166
US

Mailing Address

3900 NW 79 AVE
SUITE 201
MIAMI FL 33166
US

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: **06/10/1976**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-1671392** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Fla. St. Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PENELODE LEE
3900 NW 79 AVE
SUITE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Penelope Lee (Spelling Correction)
82 Street Address (P.O. Box Number is Not Acceptable): Suite #201 (omitted)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.0505, 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. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth above. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COHEN, IRWIN 3900 NW 79 AVE #201 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD COHEN, HOPE 3900 NW 79 AVE #201 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, LISA GAYE 3900 NW 79 AVE #201 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D	☒ Change ☐ Addition
2 TITLE / 3 NAME / 4 STREET ADDRESS / 5 CITY-ST-ZIP	PD 33166	☒ Change ☐ Addition
3 TITLE / 4 NAME / 5 STREET ADDRESS / 6 CITY-ST-ZIP	33166 Yap Sam, Lisa G.	☒ Change ☐ Addition
4 TITLE / 5 NAME / 6 STREET ADDRESS / 7 CITY-ST-ZIP	STD Cohen Jason A. 3900 NW 79 Ave #201 Miami, FL 33166	☐ Change ☒ Addition
5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY-ST-ZIP	D Cohen, Petina K. 3900 NW 79 Ave #201 Miami, FL 33166	☐ Change ☒ Addition
6 TITLE / 7 NAME / 8 STREET ADDRESS / 9 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true and accurate and that this report complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Hope Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hope Cohen President 3/6/96 305-592-6786

Date Daytime Phone Number