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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 522746 1. Corporation Name

INTERNATIONAL RESEARCH INSTITUTE OF AMERICA, INC

Principal Place	of Business	Mailing Address						
10205 COLLINS AVENUE		10205 COLLINS AVENUE						
SUITE 1206		SUITE 1206		DO NOT WRITE IN THIS SPACE				
BAL HARBOUR FL 33154-1429		BAL HARBOUR FL 33154-1429		3. Date Incorporated or Qualified				
US	•	US			1	or Qualifed		
					12/30/1976			Applied For
2. Principal Pl	ace of Business	2a. Mailing Address		•	4. FEI Number			Applied For
21		26		59-1758634			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status	Desired 🔲		5 Additional Required
22		27					·	
City & State		City & State	City & State		6. Election Campaign		•	May Be
23		28			Trust Fund Contrib			ed to Fees
Zip	Country	Zip	Countr	У	8. This corporation ov		ear Intangible Yes	□No
24	25	29 30	<u> </u>		Personal Property			
	9. Name and Address of Current	t Registered Agent	8	4 Nome	10. Name and Addres	ss of New Regis	itereu Agent	
# 1 6 1	NTO CHARLES I		•	1 Name	•			
ILVEI	NTO, CHARLES L	ALMERICAN LAND	83	2 Street Add	ress (P.O. Box Number is	Not Acceptable)		_ 7
	D COLLING MILITOL		<u> </u>			* 280 5 200 5 * 120 512 512 51	er arreter	en e
	E 1206		8:	3	。			
BAL	HARBOUR FL 33154		8-	4 City	201.4 (8	4 1 × 2 2 × 4	85 Z	ip Code
			-	77			FL	·
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	, the abo	ve-named corp	poration submits this state	ment for the purp	ose of changing	its registered registered
office or n	egistered agent, or both, in the State om m familiar with, and accept the obligati	of Florida. Such change was auti ions of: Section 607.0505, Florid	a Statute	y me corporau is.	ion's abaid of directors. The	croby docopt life	о простинения и	
64	m raminar war, and accept the congen	,	•					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Ag	ent signature require	ed when reinstating)		ATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANG	SES TO OFFICE		
			13. 1.1 TITLE		ADDITIONS/CHANG	SES TO OFFICE	RS AND DIREC	
12.	OFFICERS AND	D DIRECTORS			ADDITIONS/CHANG	GES TO OFFICE		
12. TITLE NAME	OFFICERS AND PD ILVENTO, CHARLES L	D DIRECTORS	1.1 TITLE 1.2 NAME		ADDITIONS/CHANG	GES TO OFFICE		
12. TITLE NAME STREET ADDRESS	PD ILVENTO, CHARLES L 10205 COLLINS AVENUE, SUIT	D DIRECTORS	1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANG	GES TO OFFICE	Chan	ge Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 of truesteepempowered 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 of an attriction of the corporation of the co

SIGNATURE:

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90002 049 ***150.00