FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:20

DOCUMENT # **537901** **(1)**

1. Corporation Name

INTERNATIONAL PROJECT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O VAN MARTIN ~~BOX 450676~~ 12681 SOUTH DIXIE HWY. ~~MIAMI FL 33245-0676~~ 33156	C/O VAN MARTIN ~~BOX 450676 12681 SOUTH DIXIE HWY~~ ~~MIAMI FL 33245-0676~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1977	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2089057	☐ 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, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 NEW ADDRESS P.O. BOX 162809	26 NEW ADDRESS
Suite, Apt. #, etc. 22 MIAMI, FLORIDA 33116-2809	Suite, Apt. #, etc. 27 P.O. BOX 162809 MIAMI, FLORIDA 33116-2809
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, JOSEPH I 25 W. FLAGLER ST STE 1017 10TH FLOOR MIAMI FL 33130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☑ Change ☐ Addition
NAME	VAZ, YOLA	12 NAME	NEW ADDRESS
STREET ADDRESS	~~BOX 450676~~ 12681 S. DIXIE HWY	13 STREET ADDRESS	P.O. BOX 162809
CITY-ST-ZIP	MIAMI FL ~~33~~ 33156	14 CITY-ST-ZIP	MIAMI, FLORIDA 33116-2809
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	DAVIS, JOSEPH I	22 NAME	NEW ADDRESS
STREET ADDRESS	~~BOX 450676~~ 12681 S. DIXIE HWY	23 STREET ADDRESS	P.O. BOX 162809
CITY-ST-ZIP	MIAMI FL ~~33~~ 33156	24 CITY-ST-ZIP	MIAMI, FLORIDA 33116-2809
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	MARTIN, VAN	32 NAME	NEW ADDRESS
STREET ADDRESS	~~BOX 450676~~ 12681 SOUTH DIXIE HWY	33 STREET ADDRESS	P.O. BOX 162809
CITY-ST ZIP	MIAMI FL ~~70~~ 33156	34 CITY-ST-ZIP	MIAMI, FLORIDA 33116-2809
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☑ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST ZIP		64 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 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 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 on an attachment with an address.

SIGNATURE: Mark 4/26/95 305-226-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431819 FP