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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 537901 (1)

1. Corporation Name  
INTERNATIONAL PROJECT MANAGEMENT, INC.

Principal Place of Business

PO BOX 162809  
MIAMI FL 33116-2809  
US

Mailing Address

PO BOX 162809  
MIAMI FL 33116-2809  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/24/1977

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

DAVIS, JOSEPH I  
25 W. FLAGLER ST STE 1017  
10TH FLOOR  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

DENNIS R HABER P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1450 MADRUGA AV # 305

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of principal or principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS                   | CITY - ST - ZIP     | DATE | DELETE                   |
|-------|-----------------|----------------------------------|---------------------|------|--------------------------|
| S     | VAZ, YOLA       | BOX 162809 12881 S. DIXIE HWY    | MIAMI FL 33116-2809 |      | <input type="checkbox"/> |
| PD    | DAVIS, JOSEPH I | BOX 162809 12881 S. DIXIE HWY    | MIAMI FL 33116-2809 |      | <input type="checkbox"/> |
| D     | MARTIN, VAN     | BOX 162809 12881 SOUTH DIXIE HWY | MIAMI FL 33116-2809 |      | <input type="checkbox"/> |
|       |                 |                                  |                     |      | <input type="checkbox"/> |
|       |                 |                                  |                     |      | <input type="checkbox"/> |
|       |                 |                                  |                     |      | <input type="checkbox"/> |
|       |                 |                                  |                     |      | <input type="checkbox"/> |
|       |                 |                                  |                     |      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME        | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
|-----------|-----------------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|
|           | KARL E VENDORFS | 12681 S. DIXIE HWY | MIAMI FL 33116      |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                 |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)