FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED
Apr 22 1998 8:00am
Secretary of State

DOCUMENT # 537901 (1) INTERNATIONAL PROJECT MANAGEMENT, INC.								
INTEN	NATIONAL PROJECT MAIN	IAGEIVIEN I	INC.					
Principal Plac	ce of Business	Mading /	Address					
PO BOX 162809 1450 MADRUGA RD								
MIAMI FL 33116-2809 STE 305								
US		CORAL US	CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE		
	_	US				3. Date Incorporated or Qualified 06/24/1977		
	Place of Business	2a. Mailir	2a. Mailing Address				pplied For	
21		26					lot Applicable	
Suite, Apt		27	Suite, Apt #, etc			1.5 Certificate of Status Desired 1.1. The state of Status Desired 1.1.	Additional Required	
City & Stat	Ð	City 8	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the current year in		
24				30	Personal Property Tax due June 30. 🔲 Yes 🔲 No			
	9. Name and Address of Curr	ent Registered	Agent		T 1/2	10. Name and Address of New Registered Agent		
1	ABER, DENNIS R. P.A			81	Name	e	•	
	50 MADZUGA AV #305 DRAL GABLES FL 33146			82	Street	et Address (P.O. Box Number is Not Acceptable)		
. ~	JUNE ONDLES FL 33140			83				
				84	City		Code	
11, Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.150 te of Florida, Suc	8, Florida Statute chichange was a	es, the above authorized by	e-named the corp	ed corporation submits this statement for the purpose of changing proporation's board of directors. I hereby accept the appointment as	its registered registered	
agent. Fa SIGNATURE	m familiar with, and accept the obl	igations of, Secti	on 607.0505, Flo	rida Statutes	S.		_	
	Signature, typied or printed name of registered a			Registered Age	ni s-gnature	ure required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
NAME	MENIDOVEC MADE E			11 TITL€ 1.2 NAME		☐ Change	☐ Addition	
STREET ADDRESS		2677		1.3 STREET	ADDRESS		i	
CITY-ST-ZIP	MIAMI FL	•		1.3 STREET				
TITLE	D		DELETE	2 1 1(TLE	1-KR	Change	Addition	
NAME		1677		2.2 NAME				
STREET ADDRESS	MIAMI FL 33116-2809 2.4			2.3 STREET	ADDRESS .			
CITY-ST-ZIP				2. 4 CITY - S	37- <i>7</i> 1P			
TITLE			DELETE	3 1 TATLE		☐ Change	Addition	
NAME				3.2 NAME				
STREET ADDRESS				3 3 STREET	,			
CITY-ST-ZIP TITLE	 	·	DELETE	3 4. CITY - S 4.1 TITLE	17 - ZIP	Change	- I dedition	
NAME			occur	4.1 TILE 4. 2 NAME		Change	Addition	
STREET ADDRESS				4.3 STREET	2239004			
CITY-ST-ZIP				4.4 CITY- \$1				
TITLE			DELETE	5.1 TITLE		Change	Addition	
NAME				5.2 NAME	1	-04/23/9801013009	_	
STREET ADDRESS				5 3 STREET	address	***150.00		
CITY-ST-ZIP			·	5 4 CITY - ST	1-21P			
TITLE			☐ DELETE	6 1 TITLE	1	Change	Addition	
NAME				6.2 NAME	ŀ	ar.	11221	
STREET ADDRESS				6.3 STREET	ADORESS		X ("	
14. I bereby o	ertify that the information supplied	with this filing do	as not qualify for	6.4 CITY - ST		tod in Cooling 110 07/000 Florido Casadas I further audit about	``	

I nereby 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

305 385 3763