

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Wanda H. Matheson
Secretary
CORPORATE REGISTRATION DIVISION

APPROVED

30 MAY 1996 11:38

MADE IN THE U.S.A.

DOCUMENT # 554095 (0)

1. Corporation Name

INTERNATIONAL CONNECTIONS CORP.

Principal Place of Business
**3685 N.W. 82ND AVE.
MIAMI FL 33166**

Mailing Address
**3685 N.W. 82ND AVE.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) **10/11/1977** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-1780240** 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**

6. This corporation has liability for intangibles under § 199.037, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
County		County	
24		29	
Zip		Zip	

9. Name and Address of Current Registered Agent

**LEIVA, TANYA
90 W. 50 ST.
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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:

(Signature of current registered agent, if registered agent is the registered agent)

(Signature of Registered Agent, if agent is not the registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MADAN, RICARDO
STREET ADDRESS	3625 NW 82ND AVE
CITY, ST, ZIP	MIAMI FL
TITLE	ST
NAME	RIQUELME, MARGARITA
STREET ADDRESS	3625 NW 82ND AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(9)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the registered or transfer empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or as an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/26/95

305-591-3033