

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:21**

DOCUMENT # 659659 (7)

1. Corporation Name
INTERNATIONAL REALTY OF AMERICA, INC.

Principal Place of Business Mailing Address
**3 SOUTH BERUDA AVE STE #5
KISSIMMEE FL 34741** **3 SOUTH BERUDA AVE STE #5
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/19/1980 **05/01/1994**

| | | | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-1985929 | | Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRACKEN, CLYDE T.
3 SOUTH BERUDA AVE STE #5
KISSIMMEE FL 34741**

| | |
|--|--------------|
| 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

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | PST | 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRACKEN, CLYDE T. | 12 NAME | |
| STREET ADDRESS | 3 S BERUDA AVE, STE 5 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | KISSIMMEE FL | 14 CITY - ST - ZIP | |
| TITLE | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addendum.

SIGNATURE: *Clyde T. Bracken Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLYDE T. BRACKEN PRES.

4/7/95 (407)847-9999