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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:14

DOCUMENT # 666579 (8)

1. Corporation Name
INTERNATIONAL MANUFACTURERS REPRESENTATIVES, INC

Principal Place of Business
~~2061 SE 17TH ST~~
POMPANO BCH. FL 33062

Mailing Address
~~2061 SE 17TH ST~~
~~POMPANO BCH. FL 33062~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1980
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 1461 S. Ocean Blvd.
22 #305
23 Pompano Beach, FL
24 Zip 33062 25 Country USA

2a. Mailing Address
26 P.O. Box 2508
27
28 Pompano Beach, FL
29 Zip 33072 30 Country USA

4. FEI Number: 59-2012946 ☐ 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

ZIELINSKI, ROBERT D.
~~2061 SE 17 ST.~~
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
~~1461 S. Ocean Blvd.~~
83 #305
84 City Pompano Beach FL 85 Zip Code 33062

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 of new registered agent, if registered agent is being changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ZIELINSKI, ROBERT D.	12 NAME	1461 S. Ocean Blvd., #305
STREET ADDRESS	~~2061 SE 17 ST.~~	13 STREET ADDRESS	Pompano Beach, FL 33062
CITY ST ZIP	POMPANO BCH. FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☒ Change ☐ Addition
NAME	ZIELINSKI, PATRICIA A.	22 NAME	1461 S. Ocean Blvd., #305
STREET ADDRESS	~~2061 SE 17 ST.~~	23 STREET ADDRESS	Pompano Beach, FL 33062
CITY ST ZIP	POMPANO BCH. FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	
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 willfully furnished and does not qualify for the exemptions 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: Robert D. Zielinski 3/21/95 305-942-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)
Robert D. Zielinski

0103620 CP