

## 4.

04-30-2001 90034 019 \*\*\*158.75

### 1. Entity Name



**Mailing Address**  
PO BOX 99, EMBASSY OF MELCHIZEDEK  
YARALIMIA, 2600 ACT, AUSTRAL

770.39

3. Mailing Address  
Legation of Melchizedek

Suite, Apt. #, etc. P.O. Box 281  
 XXXXXX 1111 gda lex Bbxx#202x

City & State Los Altos  
Los Altos City, Ca.

Applied For
Not Applicable

Zip  
94023

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating.)

DATE:

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Dwight M. Vette</del> is deceased, therefore
STREET ADDRESS	<del>the office of chairman</del> is vacante
CITY-ST-ZIP	

TITLE	Director, V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hanna, Signora		
STREET ADDRESS	9 Nablus Road		
CITY-STATE	East Jerusalem		

TITLE	Chairman of the Board	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lou Lesser		
STREET ADDRESS	950 N. Kings Road, N. Hollywood, Ca.		
CITY - ST - ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Frank Merovingi, Pres. 4-19-01 011(872)683137397 fax 398

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)

Attachment  
Doc# F00000002296



77039

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 18, 2001

THE INTERNATIONAL MONETARY RESERVE INCORPORATED  
LEGATION OF MELCHIZEDEK  
985 E HILLSDALE BD #202  
SAN MATEO, CA 94404

Subject: THE INTERNATIONAL MONETARY RESERVE INCORPORATED

Reference Number: F00000002296

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM  
ANNUAL REPORTS SECTION