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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F08558

1. Corporation Name

(1)

INTERNATIONAL PROPERTY ADVISORS, INC.

INTERNATIONAL PROPERTY ADVISORS, INC.										
Principal Plac	e of Business	Mailing Addres	Mailing Address			1 (\$4)(4) 1(4) 84 (8)		19)1 B B 1 B B 1 33		
1001 NORTH FEDERAL HIGHWAY LAKE WORTH FL 33460 US			1001 NORTH FEDERAL HIGHWAY LAKE WORTH FL 33460 US			3. Date Incorporated or	Qualified 3a. Da	ate of Last Re	port	
						12/10/1980		10/05/199!		
2. Principal F	Place of Business	2a. Mailing Add	dress			4. FEI Number		⊢	pplied For	
21		26				59-2088/5/	59-2088757 Not Applicable \$8,75 Additional			
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.			5. Certificate of Status	Desired		lequired	
City & Sta	le	City & Stat	e			6. Election Campaign F		\$5.00	May Be	
23		28				Trust Fund Contribut			I to Fees	
Ζιp			Cou			'	This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	25	29	30	—г		Florida Statutes 10. Name and Addres		d Agent		
	9. Name and Address of Cu	irrent Hegistered Ager		81	Name	To. Italie and Addition	a or men riogiotore		· · · · · · · · · · · · · · · · · · ·	
mone.	T D100101				<u> </u>	Address (P.O. Box Number is No	at Assentable)			
	t, barbara Pippin lane			82	Street	Address (P.O. Box Number is in-	ot Acceptable)			
	PALM BEACH FL 33411			83						
1000	THEM BEACHTE COTT			84	City		F	85 Zip	Code	
I or rooict	t to the provisions of Sections 607, ered agent, or both, in the State of with, and accept the obligations of, Signature typed or protein name of registeric	Section 607.0505, Floric	as aumonzeo by Ja Statutes.	the corp	Oracions	board of directors. I hereby acc	ept the appointment		agent. I am	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	S		DELETE	1. 1 TITLE				Change	Addition Addition	
NAME	CASE, ANNETTE			1.2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	F-) r	TI 536	1.4 CITY-3	ST-ZIP			Change	Addition	
THILE	T DADDADA	L 1	DELETE	2. 1 TITLE 2.2 NAME				Onlings		
NAME	ESPEUT, BARBARA 124 NE 5TH AVE.				I ADDRESS					
STREET ADDRES	DELRAY BEACH FL			2 4 CHY-						
TITLE	PD		DELETE	3 1 TITLE				Change	Addition	
NAME	CASE, ROY			3 2 NAME						
STREET ADDRES	s 122 N E 5TH AVE			33 STREE	T ADDRESS	i				
CITY-S1-ZIP	DELRAY BCH, FL 00000		DELETE	3 4 C(IY-				☐ Change	☐ Addition	
TITLE		<u> </u>	DELETE	4.1 TITLE 4.2 NAME				ET Ammige		
NAME					T ADDRESS					
STREET ADDRES	55			4.4 CITY -						
TITLE			DELETE	5. 1 Tille				☐ Change	☐ Addition	
NAME				5.2 NAME						
STREET ADORES	is l			5.3 STREE	T ADDRESS					
CITY-ST-ZIP				54 CITY-				[] Chanca	[] Addition	
TITLE			DEFELE	6 1 TITLE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRES	SS I				FT ADDRESS	5				
CITV. ST. 7IP	İ			6.4 CITY -	-51-7IF	1				

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 119.07(3)(k), 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 exponention or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clyinged by on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 May 196 401 533 5933

CR2E034 (12/95)