Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90192 036 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F73210

1. Corporation Name

INTERNATIONAL LENDERS CORP.

Principal P ace of Business Mailing Address		Mailing Address			THE STATE OF THE S
1605 FLORIDA AVENUE 1605		1605 FLORIDA AVENUE			
1605 FLORIDA AVENUE		1605 FLORIDA AVENUE	•	DO NOT WRITE IN THE	S SDACE
		WEST PALM BEACH FL 334 US	ui	DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	3 SPACE
US		US		03/22/1982	
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Apr lied For
				59-1924306	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A Iditional
22 27				5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Courtry	Zip	Country	8. This corporation owes the current year	ntangible
24	25		30	Persor al Property Tax.	☐Yes ☐No
	9. Name and Address of Curren	- 		10. Name and Address of New Registere	d Agent
			81 Name		
rasicci, steven L.			82 Street A	cdress (P.O. Box Number is Not Acceptable)	
1605 FLORIDA AVENUE			oz Sileei Ai	curess (F.O. Box (various is two Acceptable)	
WEST PALM BEACH FL 33401		83			
			94 (0)		85 Zip Code
ļ			84 City	F	L 83 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named co	crporation submits this statement for the purpose	of changing its registered
affina ar r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Flories-Such change was at	ithorized by the comor	etion's board of cirectors. I hereby accept the app	ointment as registered
	in familial vitri, and accept the obliga	<i>'</i>	ida Glataido.	4 / 2(199
SIGNATURE	Signature, typed or printed haine of registered ager	it and title if applicable. (NOTI:	Registered Agent signature req	u red when reinstating) DATE	
12.		D DIRECTORS	13	ADDITICINS/CHANGES TO OFFICERS /	
TITLE	ST	☐ DELETE	1.1 TITLE	President	Change Addition
NAME	RASICCI, VICTOR STEVEN		1.2 NAME		
STREET ADDRESS	1605 FLORIDA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		
τιπιε	D	≥ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	rasicci, steven L.		2.2 NAME		
STREET ADDRESS	1605 FLORIDA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	V	A DELETE	3 1 TITLE		Change Addition
NAME	RASICCI, VICTOR		32 NAME		
STREET ADDRESS	1605 FLORIDA AVENUE		3.3 STREET ADDRESS		
l	W. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	P	X DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RASICCI, JOHN S.		4. 2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS	W. PALM BEACH FL				
CITY-ST-ZIP	W. FALM BEACH I'L	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		į
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
TITLE		LJ DELETE	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further cortify 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 corporat oper the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

asin