**FILED** Mar 23, 1999 8:00 am

**Secretary of State** 

03-23-1999 90035 032 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F95000005876

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

INTERNATIONAL FRANCHISORS GROUP, INC.

2000 ISLAND BLVD STE 3007 AVENTURA FL 33160		4000 HOLLYWOOD BLVD STE 735 SOUTH HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 12/04/1995			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
21	26				13-3698162		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country 25	Zip 29 30	Coun	itry	_	This corporation owes the current year Inta     Personal Property Tax.	ngible Yes	□No	
	9. Name and Address of Current	Registered Agent	T			10. Name and Address of New Registered A	gent		
				81	Name				
HEIDT, MICHAEL 4000 HOLLYWOOD BLVD				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
· - 5 STE	•	. 83							
HOL	LYWOOD FL 33021		` -				loc 3	Lip Code	
			]	84	City	FL	85  Z	ib code	
office or re agent. I at SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	ı Ştatui	ies.		ration submits this statement for the purpose of c o's board of directors. I hereby accept the appoin	ment as	s registered	
	Signature, typed or printed name of registered agent			Agent s	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	OIREC	TOPS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.	-		ADDITIONS/CHANGES TO OFFICERS AND	Chan		
TITLE	PSD CACCIATI ADMANDO		1.1 TITLE				□ ¢nan	ge	
NAME			1.2 NAA					1	
STREET ADORESS	447747104 51 40440				ADORESS				
CITY-ST-ZIP			1.4 CIT		ZIP		☐ Chan	ge Addition	
TITLE		C3 DELETE	2.1 TITLE 2.2 NAME					,	
NAME			l .					{	
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP		[7] DELETE	2. 4 CIT 3.1 TITL		- ZIP		Chan	ge	
TITLE		U DELETE						,	
NAME			3.2 NAA		ADDRESS	- and		-	
STREET ADDRESS	,		Į.						
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TTR		- ZIP		Chan	ge Addition	
TITLE NAME		<u></u>	4. 2 NA				<u> </u>		
STREET ADDRESS			l		ADDRESS			}	
			4.4 GIT					}	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			, , , , , , , , , , , , , , , , , , ,	Chan	ige Addition	
NAME !			5.2 NAM					ļ	
STREET ADDRESS	·		5.3 STF	REETA	ADDRESS			{	
CITY-ST-ZIP			5.4 CIT						
TITLE		☐ DELETE	6.1 TITL	LE			☐ Chan	ige Addition	
NAME			6.2 NAM	ME					
STREET ADDRESS	,		6.3 STF	REET A	ADDRESS			Į.	

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 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, with all other like empowered. 305-9368132

6.4 CITY-ST-ZIP

THE CARRANSO CASCIATI MARCH 18 1999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR