

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G02997** (6)

1. Corporation Name  
**INTERNATIONAL MANAGEMENT & SUPPLY, INC.**



Principal Place of Business: % SYLVIA JENNINGS, 1320 SE 17TH ST, FT. LAUDERDALE FL 33316  
Mailing Address: % SYLVIA JENNINGS, 1320 SE 17TH ST, FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **10/04/1982**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **59-2232431**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

JENNINGS, SYLVIA  
1320 SE 17TH ST  
FT. LAUDERDALE FL 33316

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature typed or printed name of registered agent and their applicable (DATE) Registered Agent signature, typed or printed name (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIMENEZ, GUSTAVO	
STREET ADDRESS	11111 BISCAYNE BLVD, 452	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENNINGS, SYLVIA	
STREET ADDRESS	1698 S.OCEAN LANE	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIMENEZ, ALVARO	
STREET ADDRESS	2535 LAGUNA TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P.D.S
23 STREET ADDRESS	Sylvia Jennings
24 CITY-ST-ZIP	1698 S. Ocean Lane #271 FORT LAUDERDALE, FL. 33314
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 corporation or the officer 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: *Sylvia Jennings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 954-522-3800  
Daytime Phone #

CR2E034 (12/95)