

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21485

1. Entity Name

INTERNATIONAL MANAGEMENT AND CONSULTING (U.S.A.)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90078 001 ***300.00

Principal Place of Business

Mailing Address

6380 MARBELLA BLVD
 APOLLO BCH FL 33572

6380 MARBELLA BLVD
 APOLLO BCH FL 33572-2902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2251932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLLNER, RICHARD H.
SUITE 2700
101 EAST KENNEDY BLVD.
TAMPA FL 33602

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MAHAYNI, ZAKI	
STREET ADDRESS	6380 MARBELLA BLVD	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAF, KLAUS	
STREET ADDRESS	PASSAVANTSTRASSE 22	
CITY-ST-ZIP	6000 FRANFURT GERMANY	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLLNER, RICHARD H.	
STREET ADDRESS	2700 BARNETT PLAZA	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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 empowerments.

SIGNATURE:

(Signature)
ZAKI Mahayni, President

4/27/00

Date

813/645-0203

Daytime Phone #

CF 02977