SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:03

DOCUMENT # **G63839** **(6)**

1. Corporation Name

CAUTO ELECTRONIC OF FLORIDA, CORP.

Principal Place of Business	Mailing Address
% ERIS LEON 8520 SW 20 TERR MIAMI FL 33155	% ERIS LEON 8520 SW 20 TERR MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/03/1983**	3a. Date of Last Report: **02/02/1994**
4. FEI Number: **59-2340966**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Limited Partnership Annual Report ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEON, ERIS **8520 SW 20 TERR** **MIAMI FL 33155**	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 _____ DATE
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. Additions, Changes, Deletions	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEON, ERIS	12 NAME	
STREET ADDRESS	8520 SW 20 TERR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LEON, MAGALI E.	22 NAME	
STREET ADDRESS	8520 SW 20 TERR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ 6/6/95 (305) 266-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000033 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:22

DOCUMENT # **G64472** **(5)**

1. Corporation Name
INTERNATIONAL GLOBAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~5780 SUNSET DR.~~ ~~S.MIAMI FL 33143~~	~~5780 SUNSET DR.~~ ~~S.MIAMI FL 33143~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1983	05/31/1994

2. Principal Place of Business	2a. Mailing Address
21 9300 SOUTH DADELAND BLVD.	26 9300 SOUTH DADELAND BLVD.
Suite, Apt. #, etc: 22 #600	Suite, Apt. #, etc: 27 SUITE #600
City & State: 23 MIAMI, FL.	City & State: 28 MIAMI FL.
ZIP: 24 33156 Country: 25 USA	ZIP: 29 33157 Country: 30

4. FEI Number: 65-0119973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLASSFORD, DALE C 5780 SUNSET DR S MIAMI FL 33143	81 Name: GLASSFORD, DALE C. 82 Street Address (P.O. Box Number is Not Acceptable): 9300 SOUTH DADELAND BLVD, #600 83 84 City: MIAMI FL. FL 85 Zip Code: 33156

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (DATE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, AND DELETIONS		
TITLE	ST	11 TITLE		☐ Change ☐ Addition
NAME	BOSTWICK, ZURAMA J.	12 NAME		
STREET ADDRESS	9400 S.W. 103RD ST	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	BOSTWICK, BRUCE E.	22 NAME		
STREET ADDRESS	9400 S.W. 103RD ST	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	VP	31 TITLE	VP	☒ Change ☐ Addition
NAME	GLASSFORD, DOUGLAS R	32 NAME	GLASSFORD, Douglas R.	
STREET ADDRESS	15421 SW 83RD ST	33 STREET ADDRESS	7864 S.W 178 TERR.	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL. 33157	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Douglas R. Glassford
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6/12/95 305 670-7685
(Date) (Telephone Number)

0047611 CP