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**DIVISION OF CORPORATIONS**  
 95 MAR 28 AM 11:30

CORPORATION  
 ANNUAL REPORT  
 1995



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

DOCUMENT # **H13929** (5)  
 1. Corporation Name  
**INTERNATIONAL RECOVERY CORP.**

Principal Place of Business: **700 SOUTH ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33168**  
 Mailing Address: **700 SOUTH ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/20/1984</b>		3a. Date of Last Report <b>06/24/1994</b>	
2. Principal Place of Business <b>21</b>		4. FEI Number <b>59-2459427</b>	
2a. Mailing Address <b>26</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt #, etc <b>22</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
				b3	
				b4 City	
				b5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, title or printed name of registered agent and title of organization) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ABAUNZA, CARLOS 700 S. ROYAL POINCIANA MIAMI SPRGS FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MURWITZ, RICHARD 700 S. ROYAL POINCIANA MIAMI SPRINGS FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ILEANA GARCIA</b>
CD TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD WEISER, RALPH R. 700 S. ROYAL POINCIANA MIAMI SPRINGS FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BLAIR, JERRY 700 S ROYAL POINCIANA MIAMI SPRINGS FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BENBOW, JOHN R 5530 SW 69 PL MIAMI FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V TOCCI, ROBERT 700 S. ROYAL POINCIANA MIAMI SPRINGS FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Ileana Garcia* **ILEANA GARCIA** 3/23/95 (30) 884-2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR