

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H55676** (1)
1. Corporation Name
IMMIGRATION INTERNATIONAL CONSULTANTS, INC.



Principal Place of Business

1313 N PINE HILLS RD

Mailing Address

1313 N PINE HILLS RD
ORLANDO FL 32808

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BACH-THUY, LE THI
1313 N PINE HILLS RD
ORLANDO FL 32808

3. Date Incorporated or Qualified

05/07/1985

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2606438

Applied For

Not Applicable

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

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 of Agent to provide, if applicable, to the corporation (if applicable)

(Note: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME **D BACH-THUY, LETHI**
STREET ADDRESS **1313 N. PINE HILLS RD.**
CITY, ST, ZIP **ORLANDO FL**

11.2 TITLE ☒ DELETE

NAME **D BACH-THUY, LE THI**
STREET ADDRESS **10506 DIXON AVENUE**
CITY, ST, ZIP **TAMPA FL**

11.3 TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

11.4 TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

11.5 TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

11.6 TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

11.7 TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY, ST, ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY, ST, ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY, ST, ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY, ST, ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY, ST, ZIP ☐ Change ☐ Addition

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS ☐ Change ☐ Addition

13.24 CITY, ST, ZIP ☐ Change ☐ Addition

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME ☐ Change ☐ Addition

13.27 STREET ADDRESS ☐ Change ☐ Addition

13.28 CITY, ST, ZIP ☐ Change ☐ 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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-96 (407) 291-1818
Date Daytime Phone

CR2E034 (12/95)