

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

CORPORATION ANNUAL REPORT 1995

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



**APPROVED AND FILED**  
95 APR 24 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K61457 (3)**  
1. Corporation Name  
**INTERNATIONAL RISK MANAGEMENT GROUP, INC.**

Principal Place of Business Mailing Address  
~~418 E ATLANTIC BLVD~~ **1100 PARK CENTRAL BLVD**  
~~POMPANO BCH FL 33064~~ **STE 1700**  
**US** **POMPANO BCH FL 33064**  
**US**

2. Principal Place of Business 2a. Mailing Address  
21 **1100 Park Central Blvd** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 1700** 27  
City & State City & State  
23 **Pompano Beach, FL** 28  
Zip Country Zip Country  
24 **33064** 25 **US** 29 **33064** 30 **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/23/1989** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2929421** 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

9. Name and Address of Current Registered Agent  
**SANZ, DAVID R**  
**1100 PARK CENTRAL BLVD**  
**STE 1700**  
**POMPANO BCH FL 33064**

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 title if applicable. (NOTE: Registered Agent signature required when restating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>SANZ, DAVID R.</b>
STREET ADDRESS	<b>418 E ATLANTIC BLVD.</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1100 Park Central Blvd.South, Suite #1700</b>
1.4 CITY - ST - ZIP	<b>Pompano Beach , Florida #33064</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 its 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

*4/17/95 305 489-4000*