

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 # M26438 (5)

1. Corporation Name

INTERNATIONAL DEVELOPMENT ADVISORY SERVICES (IDA  
S), INC.

Principal Place of Business

2727 SW 26 AVE.  
MIAMI FL 33133

Mailing Address

3211 SW 27 ST.  
MIAMI FL 33133



3. Date Incorporated or Qualified

01/27/1986

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 4651 Ponce de Leon Blvd  
Suite, Apt. #, etc.

26 Same  
Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

23 Coral Gables FL  
City & State

28 Coral Gables, FL  
City & State

24 33146 25 USA  
Zip Country

29 33146 30 USA  
Zip Country

4. FEI Number  
NOT APPLICABLE

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

SPINRAD, BERNARD  
3211 SW 27 ST.  
MIAMI FL 33133

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SPINRAD, BERNARD  
STREET ADDRESS 3211 SW 27 ST.  
CITY-ST-ZIP MIAMI FL 33133  
☐ DELETE

TITLE D  
NAME ARAN-SPINRAD, MARIEN  
STREET ADDRESS 3211 SW 27 ST.  
CITY-ST-ZIP MIAMI FL 33133  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME SPINRAD, BERNARD  
1.3 STREET ADDRESS 4651 Ponce de Leon Blvd, 201  
1.4 CITY-ST-ZIP Coral Gables, FL 33146  
☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME Aron-Spinrad, Marien  
2.3 STREET ADDRESS 4651 Ponce de Leon Blvd, 201  
2.4 CITY-ST-ZIP Coral Gables, FL 33146  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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. If changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (305) 665-8302

CR2E034 (12/95)