# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:17

DOCUMENT # N26897 (1)

1. Corporation Name
INTERNATIONAL HUMANITY HEALTH SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~561 N.E. 79 STREET~~<br>~~SUITE 233~~<br>~~MIAMI FL 33138~~ | ~~561 N.E. 79 STREET~~<br>~~SUITE 233~~<br>~~MIAMI FL 33138~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1988
3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0078369 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 14871 N.E. 14 Ave. | 26 P.O. Box 381945 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: NORTH MIAMI FL. | 28 City & State: MIAMI FL. |
| 24 Zip: 33161 25 Country: USA | 29 Zip: 33138 30 Country: USA |

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

AKPAETI, IMO JOHN
~~561 NE 79TH STREET #233~~ 14871 N.E. 14 ave.
~~MIAMI FL 33138~~ NORTH MIAMI FL.
33161

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] 1/31/95
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | AKPAETI, IMO JOHN | 1.2 NAME | |
| STREET ADDRESS | ~~1500 BAY ROAD, #1491~~ 14871 N.E. 14 ave. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~MIAMI BEACH FL~~ NORTH MIAMI FL. 33161 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLACKWOOD, FAITH | 2.2 NAME | |
| STREET ADDRESS | ~~1500 BAY RD #1491~~ 14871 N.E. 14 ave. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~MIAMI BCH FL~~ NORTH MIAMI FL. 33161 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, LISA | 3.2 NAME | |
| STREET ADDRESS | 14871 NE 14TH AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 alteration.

**SIGNATURE:** [signature] 1/31/95 305 945-3348
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0007000