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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30853

(8)

INTERNATIONAL WORD COMMUNICATIONS, INC.

INTERNATIONAL WORLD COMMONICATIONS, INC.									
Principal Place	of Business	Mailing Address				I IN DIKINI NGO KINK ODINI KNINL DIKUN	ISTO BENETI MEDIE NERIT NEN	(1 8101) (1 1 11) 1 5 (1	
C/O LINDA PERKINS 6757 SW 88TH STREET. SUITE C205 MIAMI FL 33156		C/O LINDA PERKINS 6757 SW 88TH STREET. SUITE C205 MIAMI FL 33156-1702							
MINMI FE 30130	,	MINMI FL 031301102		3. Date incorporated or Qualified 02/24/1989 3a. Date of Last Report 05/01/1996					
2. Principal Pl	ace of Business	2a. Mailing Address		·		4. FEI Number 65-0155570		Applied For Not Applicable	
Suite, Apt. #, etc Suite, Apt 22 27			xt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country Zip 30			ntry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
<u> </u>	9. Name and Address of Curren		1::1		.,	10. Name and Address of New Re	gistered Agent	***************************************	
				81	Name				
DURISIN, JOE R				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
5790 STIRLING ROAD 110 HOLLYWOOD FL 33021				83					
				84	City		FL 85 Z	ip Code	
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Stati	ites, the al	oove	named cor	poration submits this statement for the p	urpose of changin	g its registered	
office or re agent. Lai	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617,0503. F	autnorize Iorida Stat	a by lutes.	tne corpora	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE									
ORGINATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NO	OTE: Registered	d Agen	t signature requ	ired when rainstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1 1 TI	TLE			☐ Chan	ge L] Addition	
NAME	PERKINS, LINDA		1.2 N/	AME					
STREET ADDRESS	6757 SW 88TH STREET C205	5	1.3 \$1	TREET A	VDDAESS				
CITY-ST-ZIP	MIAMI FL		1.4 Ci	TY-ST	- ZIP				
TITLE	ST	☐ DELETE	2.1 TI	TLE			☐ Chang	ge	
NAME	PERKINS, LINDA		2.2 N	AME					
STREET ADDRESS	6757 SW 88TH STREET C205	j	2.3 ST	TABET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.40	ATY-SI	r-zip				
TITLE	VD	DELETE	3.1 Ti	TLE			Chan	ge 🔲 Addition	
NAME	COPELAND, MICHAEL		3.2 N/	AME				j	
STREET ADDRESS	720 SW 5TH CT		3.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		3.4. C	ITY-\$1	r- ZIP				
TITLE	D	DELETE	4.1 T(TLE			Chan	ge 🔲 Addition	
NAME	BERDIONE, ANTHONY		4.2 N	IAME					
STREET ADDRESS	2717 SW 21 TERRACE		4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CI	ITY-ST	- ZIP				
TITLE		DELETE	5.1 TI				Chan	ge Addition	
NAME			5.2 N	AME	ļ				
STREET ADDRESS			5.3 S	TREET	ADORESS				
CITY - ST - ZIP			5.4 C	ITY-\$I	- ZIP				
TITLE		DELETE	6.1 TI				Chan	ge Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET /	NDORESS				
CITY-ST-ZIP			6.4 C	ITY-ST	-ZIP				

14. Ido hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name