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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30853** (8)

1. Corporation Name

INTERNATIONAL WORD COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

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

3. Date Incorporated or Qualified

02/24/1989

4. FEI Number

65-0155570

Applied For

Not Applicable

2. Principal Place of Business

21 1111 SW 88 Street

Suite, Apt. #, etc.

22 A210

City & State

23 miami, FL

Zip

24 33176

Country

25 DADE

2a. Mailing Address

26 1111 SW 88 Street

Suite, Apt. #, etc.

27 A210

City & State

28 miami, FL

Zip

29 33176

Country

30 DADE

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DURISIN, JOE R
5790 STIRLING ROAD 110
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, 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 PD ☐ DELETE

NAME PERKINS, LINDA
STREET ADDRESS 6757 SW 88TH STREET C205
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME PERKINS, LINDA
STREET ADDRESS 6757 SW 88TH STREET C205
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME COPELAND, MICHAEL
STREET ADDRESS 720 SW 5TH CT
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ DELETE

NAME BERDIONE, ANTHONY
STREET ADDRESS 2717 SW 21 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PERKINS, LINDA
1.3 STREET ADDRESS 1111 SW 88 STREET A210
1.4 CITY-ST-ZIP miami FL 33176

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME PERKINS, LINDA
2.3 STREET ADDRESS 1111 SW 88 STREET C216
2.4 CITY-ST-ZIP miami FL 33176

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Perkins* RE: LINDA PERKINS

1/11/98 (305) 274-1148

CR2E037 (10/97)