

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

APPROVED AND FILED
95 FEB 28 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46086** (7)
1. Corporation Name
THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEERING SCIENCES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 01/21/1994
4. FEI Number 65-0330050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
2031 SW 36 AVE FT. LAUDERDALE FL 33312-4208 US		P.O. BOX 478 FT. LAUDERDALE FL 33302-0478 US	
21	2a	26	27
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
24	25	29	30

9. Name and Address of Current Registered Agent

FISHE, GERALD R A
2031 SW 36 AVENUE
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LIEBLER, GEORGE E. P.E.
STREET ADDRESS	1901 S.E. 24 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	TIMS, EUGENE F.
STREET ADDRESS	4840 NEWCOMB DR
CITY-ST-ZIP	BATON ROUGE LA
TITLE	SD
NAME	SCHORR, STEVEN M. P.E.
STREET ADDRESS	1603 OLD YORK RD
CITY-ST-ZIP	ABINGTON PA
TITLE	TD
NAME	FISHE, GERALD R.A. P.E.
STREET ADDRESS	2031 SW 36 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	DORION, ROBERT B J
STREET ADDRESS	1 PLACE VILLE-MARIE 1521
CITY-ST-ZIP	MONTREAL, QC, CANADA
TITLE	D
NAME	WILKINSON, HAROLD J. P.E
STREET ADDRESS	1022 WATERDOWN RD
CITY-ST-ZIP	BURLINGTON, ONT CAN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2000014630A
2.3 STREET ADDRESS	-03/02/95--01060--101
2.4 CITY-ST-ZIP	*****68.75 *****68.75
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald R.A. Fishé Date: FEB 20 1995 (303) 384 4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR