

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000689 (8)**

1. Corporation Name
INTERNATIONAL INSTITUTE OF PROJECTIOLOGY, INC.



Principal Place of Business: 1979-C S. SEMORAN BLVD. ORLANDO FL 32822
Mailing Address: 1979-C S. SEMORAN BLVD. ORLANDO FL 32822

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report

2. Principal Place of Business: 21 7800 SW 57 AVE
2a. Mailing Address: 26 7800 SW 57 AVE

4. FEI Number: 59-3301961
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 207-D
27 207-D

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 SOUTH MIAMI, FL
28 SOUTH MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33143
Country: 25 USA
29 33143
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ALEGRETTI, WAGNER
1979-C S. SEMORAN BLVD.
ORLANDO FL 32822

10. Name and Address of New Registered Agent
81 Name: ALEGRETTI, WAGNER
82 Street Address (P.O. Box Number is Not Acceptable): 7800 SW 57 AVE
83 SUITE 207-D
84 City: SOUTH MIAMI FL
85 Zip Code: 33143

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 617.003, Florida Statutes.

SIGNATURE: Wagner Alegretti - Wagner Alegretti - secretary
Date: Feb. 128/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEIRA, WALDO	1.2 NAME	
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ARAUJO TORRES, WALDO	2.2 NAME	BONASSI, JOAO AURELIO
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA	2.3 STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL	2.4 CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAZ, MARINA M	3.2 NAME	
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEGRETTI, WAGNER	4.2 NAME	ALEGRETTI, WAGNER
STREET ADDRESS	1979-C S. SEMORAN BLVD.	4.3 STREET ADDRESS	7800 SW 57 AVE - SUITE 207-D
CITY-ST-ZIP	ORLANDO FL 32822	4.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Wagner Alegretti - WAGNER ALEGRETTI - FEB/28/96
Date: (205) 168-46108 Daytime Phone #

CR2E037 (12/95)