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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000689 (8)**
1. Corporation Name

INTERNATIONAL INSTITUTE OF PROJECTIOLOGY, INC.



Principal Place of Business 7800 SW 57TH AVENUE SUITE 207-D SOUTH MIAMI FL 33143 US	Mailing Address 7800 SW 57TH AVENUE SUITE 207-D SOUTH MIAMI FL 33143-5528 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report 03/08/1996
4. FEI Number 59-3301961	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ALEGRETTI, WAGNER
7800 SW 57TH AVENUE
SUITE 207-D
SOUTH MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VEIRA, WALDO
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
TITLE	VD
NAME	BONASSI, JOAO A
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR GLORIA
CITY-ST-ZIP	RIO DR JANEIRO RJ
TITLE	TD
NAME	THOMAZ, MARINA M
STREET ADDRESS	RUA SANTO AMARO 4, 3 ANDAR, GLORIA
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
TITLE	SD
NAME	ALEGRETTI, WAGNER
STREET ADDRESS	7800 SW 57TH AVENUE, SUITE 207-D
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIEIRA, WALDO
1.3 STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR -572
1.4 CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BONASSI, JOAO A
2.3 STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR -572
2.4 CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAZ, MARINA M
3.3 STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR -572
3.4 CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Wagner Alagretti* *Wagner Alagretti* April 12th 1997 12:05 118 4119

CR2E037 (9/96)