

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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97 SEP 25 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004909 (5)

1. Corporation Name

INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES,
INC.

Principal Place of Business

Mailing Address

51 NORTH FEDERAL HIGHWAY, SUITE 19
POMPANO BEACH FL 33062

51 NORTH FEDERAL HIGHWAY, SUITE 19
POMPANO BEACH FL 33062-4304

3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report
1996

2. Principal Place of Business

2a. Mailing Address

21 51 N. FED. Hwy
Suite, Apt. #, etc.

26 51 No. FED. Hwy
Suite, Apt. #, etc.

22 19-A
City & State

27 19-A
City & State

23 Pompano Bch, FL.
Zip Country

28 Pompano, Bch, FL.
Zip Country

24 33062
25 USA

29 33062
30 USA

4. FEI Number

Applied For

06-0898729

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 Leslie B. Panchula

(NOTE: Registered Agent signature required when reinstating)

9/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PANCHULA, LESLIE B DR.
STREET ADDRESS 51 NORTH FEDERAL HIGHWAY, SUITE 19
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE VD
NAME MALLIK, A. KARIM DR.
STREET ADDRESS 51 NORTH FEDERAL HIGHWAY, SUITE 19
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE STD
NAME PANCHULA, PAUL GREGORY
STREET ADDRESS 51 NORTH FEDERAL HIGHWAY, SUITE 19
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DIRECTOR ☐ Change ☒ Addition
1.2 NAME MARKS, DAVID R.
1.3 STREET ADDRESS 2575 S.E. NINTH ST.
1.4 CITY-ST-ZIP POMPANO BCH., FL. 33062 ☐ Change ☐ Addition

2.1 TITLE 900002305179--1
2.2 NAME -09/26/97--01103--003
2.3 STREET ADDRESS *****61.25 *****61.25
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 900002305179--1
3.2 NAME -09/26/97--01103--004
3.3 STREET ADDRESS *****8.75 *****8.75
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

CR2E037 (9/96)