08131999-90012-014-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 5/1/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $208.25).

NONPROFIT CORPORATION ANNUAL REPORT

[redacted] 1996

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 19 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 4811 N.W. 1st AV
22: Suite # 101
23 City & State: Pompano B., FL.
24 Zip: 33064
25 Country: USA

2a. Mailing Address
26: 4811 N.W. 1st Av
27: Suite # 101
28 City & State: Pompano, FL
29 Zip: 33064
30 Country: USA

4. FEI Number: 06-0898729 — Applied For ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

IMRAN GHANCHI
4811 N.W. 1st AV
Pompano Bch, Fl. 33064
U.S.A.

10. Name and Address of New Registered Agent

91 Name: IMRAN GHANCHI
92 Street Address (P.O. Box Number is Not Acceptable): 4811 N.W. 1st AV.
93: POMPANO Bch,
94 City: FL — 95 Zip Code: 33064

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: Imran Ghanchi — DATE: 8/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE: D | IMRAN GHANCHI, PRES | ☒ Change ☐ Addition |
| NAME | PANCHULA, LESLIE B DR. | | 1.2 NAME: PD | | |
| STREET ADDRESS | 51 NORTH FEDERAL HIGHWAY, SUITE 19 | | 1.3 STREET ADDRESS | 4811 N.W. 1ST AV. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 1.4 CITY-ST-ZIP | POMPANO Bch, FL. 33064 Director | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE: D | SEBASTIAN E. CRESCIMANNO | ☒ Change ☐ Addition |
| NAME | MALLIK, A. KABIM DR. | | 2.2 NAME: VD | Vice Pres. Director | |
| STREET ADDRESS | 51 NORTH FEDERAL HIGHWAY, SUITE 19 | | 2.3 STREET ADDRESS | P.O. Box 4543 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 2.4 CITY-ST-ZIP | DEERFIELD Bch, FL 33442 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE: STD | Jelena ZABOTINA | ☒ Change ☐ Addition |
| NAME | PANCHULA, PAUL GREGORY | | 3.2 NAME: D | STD Director | |
| STREET ADDRESS | 51 NORTH FEDERAL HIGHWAY, SUITE 19 | | 3.3 STREET ADDRESS | P.O. Box 4543 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 3.4 CITY-ST-ZIP | DEERFIELD Bch, FL. 33442 | |
| TITLE | | ☐ DELETE | 4.1 TITLE: T | | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME: T | MARIA AUSBURGER TRUSTEE | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | P.O. Box 4543 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Deerfield Bch, FL. 33064 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (4/97)

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: SIGNATURE REQUIRED Imran Ghanchi — 7/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone # 9009780

Imran Ghanchi

**International Association of Adaptive Sciences, Inc.**
P.O. Box 4543
Deerfield Beach, Florida 33442
Phone: 954-522-6495
Fax: 954-730-0470

(2)

Dear Sir or Madam,
I have been in Jedda, Saudi Arabia in our Outreach program since Aug and just received this mail today.
Please let me know of any other criteria required to come into compliance for our Agency.
Thank you and God Bless You—

Imran T. Ghouri