

08131999-90012-014-\$61.25-\$61.25

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AMOUNT DUE ON OR BEFORE 8/7/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE IS \$25.00).

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004909 (5) 1. Corporation Name INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES, INC.			
Principal Place of Business 51 NORTH FEDERAL HIGHWAY, SUITE 19 POMPANO BEACH, FL 33062		Mailing Address 51 NORTH FEDERAL HIGHWAY, SUITE 19 POMPANO BEACH, FL 33062	
2. Principal Place of Business 21 4811 N.W. 1st AV Suite, Apt. #, etc. 22 Suite # 101 City & State 23 Pompano B., FL. Zip 24 33064 County 25 USA		2a. Mailing Address 26 4811 N.W. 1st AV Suite, Apt. #, etc. 27 Suite # 101 City & State 28 Pompano, FL Zip 29 33064 Country 30 USA	
3. Date Incorporated or Qualified 09/23/1996 3a. Date of Last Report			
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 Fee			
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			
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 provisions of, Section 617.0503, Florida Statutes. SIGNATURE: Imran Ghanchi DATE: 8/18/99			
12. OFFICERS AND DIRECTORS			
TITLE	PD PANCHULA, LESLIE B DR.	☐ DELETE	
NAME	51 NORTH FEDERAL HIGHWAY, SUITE 19		
STREET ADDRESS	POMPANO BEACH FL 33062		
CITY - ST - ZIP			
TITLE	VD MALLIK, A. KABIR DR.	☐ DELETE	
NAME	51 NORTH FEDERAL HIGHWAY, SUITE 19		
STREET ADDRESS	POMPANO BEACH FL 33062		
CITY - ST - ZIP			
TITLE	STD PANCHULA, PAUL GREGORY	☐ DELETE	
NAME	51 NORTH FEDERAL HIGHWAY, SUITE 19		
STREET ADDRESS	POMPANO BEACH FL 33062		
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	DR. IMRAN GHANCHI, PRES	☒ Change ☐ Addition	
1.2 NAME	PD 4811 N.W. 1st AV.		
1.3 STREET ADDRESS	POMPANO Bch, FL 33064		
1.4 CITY - ST - ZIP			
2.1 TITLE	DR. SEBASTIAN E. CRESTIANO, Director	☒ Change ☐ Addition	
2.2 NAME	Vice Pres.		
2.3 STREET ADDRESS	P.O. Box 4543		
2.4 CITY - ST - ZIP	DEERFIELD Bch, FL 33442		
3.1 TITLE	STD Jelena ZABOTINA, Director	☒ Change ☐ Addition	
3.2 NAME	P.O. Box 4543		
3.3 STREET ADDRESS	DEERFIELD Bch, FL 33442		
3.4 CITY - ST - ZIP			
4.1 TITLE	DR. MARIA AUSBURGER, Trustee	☐ Change ☒ Addition	
4.2 NAME	P.O. Box 4543		
4.3 STREET ADDRESS	DEERFIELD Bch, FL 33064		
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.			
SIGNATURE: Imran Ghanchi DATE: 7/13/99			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

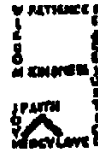
3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fee
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	
01 Name IMRAN GHANCHI	02 Street Address (P.O. Box Number is Not Acceptable) 4811 N.W. 1st AV.
03 City POMPANO Bch,	04 State FL
05 Zip Code 33064	

CPE0307 (4/97)



International Association of Adaptive Sciences, Inc.

P.O. Box 4543
Deerfield Beach, Florida 33442
Phone: 954-522-6495
Fax: 954-730-0470



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Dear Sir or Madam,

I have been in Jeddah, 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 P. Tharachi