

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90030 008 \*\*\*150.00

658343

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000006887

1. Entity Name  
INTERNATIONAL ENERGY CORPORATION

Principal Place of Business  
817 N.W. 30TH COURT  
FT LAUDERDALE FL 33311  
US

Mailing Address  
817 N.W. 30TH COURT  
FT LAUDERDALE FL 33311  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 65-0371147

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RAMMING, ROBERT  
817 N.W. 30TH COURT  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP RAMMING, ROBERT 817 N.W. 30TH COURT FT LAUDERDALE FL 33311  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

13. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Ramming ROBERT RAMMING 01-31-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #