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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000003069 (0)

I. Corporation <b>REHM</b>	MENT # <b>P93(</b> n Name IAT, INC:	000003069	9 (0)						
Principal Place	e of Business	Mailing Address					LABOUR BALLA BAN		FO 011FO 1011 1001
2931 GRIFFI DANIA FL 3			2831 GRIFFIN RD. Dania Fl 33312						
						3. Date Incorporated or Qualified 01/08/1993	3a. Date o	of Last R /21/19	
. Principal Pla ]	ace of Business	2a. Mailing Addr	ess			4. FEI Number			Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #	etc		<del></del>	65-0437767			Not Applicable
<u></u>		27			5. Certificate of Status Desired			Additional Required	
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip	Country 25	Zip 29	30 Cou	intry		8. This corporation has liability for in Florida Statutes Yes			
	9. Name and Address of Cu	rrent Registered Agent		81	Mana	10. Name and Address of New Ro		gent	
SYFD F	RANER R		1		Name				
Syed, bader r 2931 griffin RD.				82 Street Add		iss (P.O. Box Number is Not Acceptabl	e)		
	FL 33312		ŀ	83					
			-	84	City			 	- A1-
					•		FL	'	o Code
or regional	the many and a second the second to	TOTION. OUGH GRAINGE WAS .						mietorod	agent Lam
IGNATURE _						tion submits this statement for the purp d of directors. I hereby accept the appo			
IGNATURE _	Signature, typed or printed name of registered OFFICERS		(NOTE: Registered			when reinstating!	DATE		
GNATURE _	Signature, typed or printed name of registered OFFICERS	agent and title if applicable	(NOTE: Registered a	Agent s			DATE CERS AND D		
GNATURE _	Signature, typed or printed name of registered.  OFFICERS  D  SYED, BADER R	agent and title if applicable AND DIRECTORS	(NOTE: Registered a	Agent s		when reinstating!	DATE CERS AND D	OIRECTO	RS IN 12
GNATURE :	Signature, typed or printed name of registered.  OFFICERS  D  SYED, BADER R  2931 GRIFFIN RD.	agent and title if applicable AND DIRECTORS	(NOTE: Registered	Agent s	ignature required	when reinstating!	DATE CERS AND D	OIRECTO	RS IN 12
GNATURE	Signature, typed or printed name of registered.  OFFICERS  D  SYED, BADER R	agent and title if applicable AND DIRECTORS DELE	(NOTE: Registered at 13. TE 1,1 Tri 1,2 NA 1,3 STF 1,4 CIT	Agent s  TLE  IME  REET AL  TY-ST-	ignature required	when reinstating!	DATE CERS AND D	DIRECTO Change	RS IN 12
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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 eath; 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 12 or Block 13 if changed, or on an attachment with an address.