FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000047046 (6)**

1. Corporation Name
IAF INC.

Principal Place of Business
1691A N.W. 31 AVE.
FT LAUDERDALE FL 33311

Mailing Address
1691A N.W. 31 AVE.
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0422447 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 3511 NE 22ND AVE
Suite, Apt. #, etc. 22 3RD FLOOR
City & State 23 FT LAUDERDALE, FL
Zip 24 33308 Country 25

2a. Mailing Address
26 3511 NE 22ND AVE
Suite, Apt. #, etc. 27 3RD FLOOR
City & State 28 FT LAUDERDALE, FL
Zip 29 33308 Country 30

9. **Name and Address of Current Registered Agent**
ALBANESE, ARVID L
2592 SE HALLAHAN SR
PORT ST. LUCIE FL 34952

10. **Name and Address of New Registered Agent**
81 Name ALBANESE, ARVID L.
82 Street Address (P.O. Box Number is Not Acceptable) 3511 NE. 22ND AVE
83 3RD FLOOR
84 City FT LAUDERDALE FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X ARVID L. ALBANESE X 4-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SEC	☐ DELETE
NAME	ALBANESE, ARVID L	
STREET ADDRESS	1691A N.W. 31ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PRES	☐ DELETE
NAME	O'BRIEN, JOHN	
STREET ADDRESS	1691A NW 31ST AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SEC	☒ Change ☐ Addition
1.2 NAME	ALBANESE, ARVID L.	
1.3 STREET ADDRESS	3511 NE 22ND AVE 3RD FLR	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
2.1 TITLE	PRES	☒ Change ☐ Addition
2.2 NAME	O'BRIEN, JOHN	
2.3 STREET ADDRESS	3511 NE 22ND AVE 3RD FLR	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X X 4-26-96 (954) 537-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)