

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000074803 (6)**

1. Corporation Name

INTERNATIONAL MANUFACTURING FACILITIES, INC.

Principal Place of Business

**7166 N.W. 50TH STREET
MIAMI FL 33166**

Mailing Address

**7166 N.W. 50TH STREET
MIAMI FL 33166**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

03/06/1995

4. FEI Number

65-0445760

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

**SANTOS, REYDEL
11830 S.W. 112TH AVE. CIR.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **REYDEL SANTOS**

Jan. 31, 1996

12. OFFICERS AND DIRECTORS

(Print Name, Title, and Address of each officer and director.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE NAME: PC CHEVALLIER, CLARK C STREET ADDRESS: % 7166 N.W. 50TH ST. CITY-STATE-ZIP: MIAMI FL 33166	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
☐ DELETE NAME: V CHEVALLIER, REGINE K. STREET ADDRESS: % 7166 N.W. 50TH ST. CITY-STATE-ZIP: MIAMI FL	☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
☐ DELETE NAME: ST CHEVALLIER, CHARLES JR STREET ADDRESS: % 7166 N.W. 50TH ST. CITY-STATE-ZIP: MIAMI FL 33166	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
☐ DELETE NAME: D BLANCHARD, EMILE STREET ADDRESS: % 7166 N.W. 50TH ST. CITY-STATE-ZIP: MIAMI FL 33166	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
☐ DELETE	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
☐ DELETE	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 hereof, and, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILE BLANCHARD

1/31/96

(305)716-2871

CR2E034 (12/95)