

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:21

DOCUMENT # **P94000002126 (8)**

1. Corporation Name:

INTERNATIONAL METAL TRADERS, INC.

Principal Place of Business:

**3694 23RD AVE. UNIT 2
LAKE WORTH FL 33461**

Mailing Address:

**3694 23RD AVE. UNIT 2
LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

4. FEI Number

65-0459178

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

2a. Mailing Address:

26

Suite, Apt. #, etc.

Suite, 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

10. Name and Address of New Registered Agent

**MARTIN E. WASHOFKY, E.A., P.A.
1803 S AUSTRALIAN AVENUE, SUITE A
WEST PALM BEACH FL 33409**

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 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if agent is not the corporation)

Signature of New Registered Agent (if agent is not the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PD ILVES, PEETER
2. STREET ADDRESS	3694 23RD AVE, UNIT 2
3. CITY, STATE, ZIP	LAKE WORTH FL 33461
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Sections 119.07(4)(b) and 119.07(4)(c), Florida Statutes. I further certify that the information and filing with this filing is not a fraudulent or deceptive report or statement and that my signature shall have the same legal effect as if made under oath. This filing is effective for the corporation or the person or persons who were the report or statement as required by Chapter 119 of Florida Statutes, and that my name appears in Block 1 or Block 1a of the report or statement with an address.

SIGNATURE:

P. Ilves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

467
657-8476