

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # P94000032611 (3)

1. Corporation Name

IGOR INTERNATIONAL, INC.

Principal Place of Business

20832 SAN SIMEON WAY  
APT 59B  
N MIAMI BEACH FL 33179  
US

Mailing Address

20832 SAN SIMEON WAY  
APT 59B  
N MIAMI BEACH FL 33179  
US

2. Principal Place of Business

2a. Mailing Address

21 26 1390 NE 162 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 27 28 N. Miami Beach, FL

Zip

Country

Zip

Country

24 25 29 30 33162 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0489012

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

10. Name and Address of New Registered Agent

COLLETTI, JOSEPH R  
3550 BISCAYNE BLVD.  
SUITE 610  
MIAMI FL 33137

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when removing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WILLIAMS, A.G.  
STREET ADDRESS 20832 SAN SIMEON WAY, APT 59B  
CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

1390 NE 162 Street

14 CITY-ST-ZIP

N. Miami Beach, FL 33162

TITLE V ☐ DELETE

NAME WILLIAMS, JASON R  
STREET ADDRESS 4145 STATE ROUTE 741, # 132  
CITY-ST-ZIP MASON OH 45040

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME WILLIAMS, STELLA  
STREET ADDRESS 140 BIMINI DRIVE  
CITY-ST-ZIP DUCK KEY FL 33050

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Secretary/Treasurer

Frank Beck

1390 N.E. 162 Street

North Miami Beach, FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001791495  
-04/23/96--01170--007  
\*\*\*200.00

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: Frank Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 944-5900

Date: Daytime Phone:

CR2E034 (12/95)