

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034303 (5)

1. Corporation Name

INTERNATIONAL INTERCONNECT, INC.

Principal Place of Business

100 EYSTER BLVD.
ROCKLEDGE FL 32955

Mailing Address

P.O. BOX 6888
ROCKLEDGE FL 32956-1318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

N/A - New

4. FEI Number

59-3241074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

2a. Mailing Address

26

100 EYSTER BLVD.

Suite, Apt. #, etc.

27

#

City & State

23

City & State

28

Rockledge FL

Zip

24

Country

25

Zip

29

32955

Country

30

USA

9. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

RALPH ABRAYAYA

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

4345 CANARD RD

83

MELBOURNE

84 City

FL

85

Zip Code

32934

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Ralph Agrayaya

(NOTE: Registered Agent signature required when needed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABRAYAYA, RALPH I
STREET ADDRESS	100 EYSTER BLVD.
CITY - ST - ZIP	ROCKLEDGE FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Ralph Agrayaya

APRIL 30, 95

407 631 8073