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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000059151 (8)**

1. Corporation Name

INTERNATIONAL MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

**4515 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319**

Mailing Address

**4515 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

2a. Mailing Address

21

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

**REILY, WILLIAM
4515 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319**

81 Name

Stuart S. Rosenthal, Esq.

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

800 East Cypress Creek Road #303

84 City

Ft. Lauderdale

FL

85 Zip Code
33334

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE: **4/1/96**

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

VP

NAME

SHADE, GAVRIEL

STREET ADDRESS

4515 N. STATE ROAD 7

CITY-STATE-ZIP

LAUDERDALE LAKES FL

2. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

S

2. NAME

Shade, Gavriel

3. STREET ADDRESS

4515 N. State Road 7

4. CITY-STATE-ZIP

LAUDERDALE LAKES, FL

2. 1. TITLE

PT

2. 2. NAME

William B. Reily

3. 3. STREET ADDRESS

5415 N. State Road 7

4. 4. CITY-STATE-ZIP

LAUDERDALE LAKES, FL-33319

3. 1. TITLE

☐ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

4. 1. TITLE

☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE

☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE

☐ Change ☐ Addition

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 if changed, or on an attachment with an address

SIGNATURE:

William B. Reily
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Reily

Date

Daytime Phone

(954) 733-6163

CR2E034 (12/95)

FILED
Apr 08, 1996 08:00 AM
Secretary of State

