

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000065134 (6)

1. Corporation Name

INTERNATIONAL MERCHANT TECH, CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3536 NW 168TH ST #204 N MIAMI BEACH FL 33160
Mailing Address: 3536 NW 168TH ST #204 N MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.: SUITE 301
22. City, State: MIAMI FL
23. Country: 33145

26. 2307 SW 37 AVE

27. Suite, Apt. #, etc.

28. City & State

24. 33145

25. Country

29. ZIP

30. Country

4. FEI Number: 05-0516851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. This corporation is authorized to do business in Florida

\$5.00 May Be Added to Fees

8. This corporation has authority for this filing under s. 193.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, EDGAR
3536 NW 168TH ST #204
N MIAMI BEACH FL 33160

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

Edgar Garcia

12. Registered Agent Signature Required (Check one)

6/20/95

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GARCIA, EDGAR
STREET ADDRESS	3536 NW 168TH ST #204
CITY, ST, ZIP	N MIAMI BEACH FL 33160
TITLE	D
NAME	ENMANUEL, ISSA
STREET ADDRESS	3536 NW 168TH ST #204
CITY, ST, ZIP	N MIAMI BEACH FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RESIGNED
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(9)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 officer 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, checked, or as an attachment with an address.

SIGNATURE: *Edgar Garcia*

Edgar Garcia

Edgar Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)