

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

95 APR 21 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083764 (8)

1. Corporation Name

INTERNATIONAL MANAGEMENT GROUP, INC.

Principal Place of Business

4049 NW 36TH ST
MIAMI FL 33106

Mailing Address

4049 NW 36TH ST
MIAMI FL 33106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1984

3a. Date of Last Report

2. Principal Place of Business

21 4649 NW 36th St

Suite, Apt. #, etc.

22

City & State

23 Miami Springs, Florida

Zip

24 33164

Country

2a. Mailing Address

26 C/O Alan Green & Guarch

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, Florida

Zip

29 33146

Country

30

4. FEI Number

65-0538192

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

9. Name and Address of Current Registered Agent

GUARCH, J. M. JR
710 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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

MANUELA GUARCH

Signature typed or printed name of registered agent and this application

NOTE: Registered Agent signature required when reappointing

1-19-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUARCH, MANUEL JR
STREET ADDRESS	710 S DIXIE HWY
CITY - ST - ZIP	CORAL GABLES FL 33146
TITLE	D
NAME	NEVAREZ JOSE A
STREET ADDRESS	710 S DIXIE HWY
CITY - ST - ZIP	CORAL GABLES FL 33146
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

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	☒ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY - ST - ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY - ST - ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95

305-863-6747

Date

Telephone #