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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000090730 (0)

1. Corporation Name
INTERNATIONAL FINANCIAL PARTNERS, INC.



Principal Place of Business

~~8761 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL~~

Mailing Address

~~8761 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL 32216-8900~~

2. Principal Place of Business

21 500 SOUTH 3RD ST.
Suite, Apt. #, etc.

22 City & State

23 JKSU BEACH FL

24 Zip 32250

25 Country US

2a. Mailing Address

26 500 SOUTH 3RD ST.
Suite, Apt. #, etc.

27 City & State

28 JKSU BEACH FL

29 Zip 32250

30 Country US

3. Date Incorporated or Qualified
12/15/1994

3a. Date of Last Report
02/22/1996

4. FEI Number
59-3299250

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

DARABI, FARZIN
~~8761 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL~~

10. Name and Address of New Registered Agent

81 Name

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

500 SOUTH 3RD STREET

83

84 City JKSU BEACH

FL

85 Zip Code 32250

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 of person or persons authorized to register agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DARABI, FARZIN
STREET ADDRESS 150 ELEVENTH STREET
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE P ☐ DELETE
NAME DARABI, FRANK
STREET ADDRESS 5519 NW 19TH BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FARZIN DARABI 2/21/97 904-241-3737

CR2E034 (9/96)