

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000091556 (8)**

1. Corporation Name

INTERNATIONAL INVESTMENT CONSULTANTS, INC.



Principal Place of Business

**400 GOLF BROOK CIR., #210
LONGWOOD FL 32779**

Mailing Address

**PO BOX 916434
LONGWOOD FL 32791-6434
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, 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

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3284596

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

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 607.052 and 607.11, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (registered agent) 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 607.11, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

Signature of Agent

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

GREUSARD, EVELYNE

400 GOLF BROOK CIR., #210

LONGWOOD FL 32779

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

P

☒ Change

☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

☐ Change

☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

☐ Change

☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

☐ Change

☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

☐ Change

☐ Addition

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 registered agent 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996- 407/786-1180

CR2E034 (12/95)