

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 #

1. Corporation Name

PG4000091779
INTERNATIONAL FUNDING GROUP, INC.

Principal Place of Business

Mailing Address

260 SUNRISE DR #J
KEY BISCAIYNE, FL 33149

P.O. BOX 57
KEY BISCAIYNE,
FL 33149

3. Date Incorporated or Qualified

1-3-95

3a. Date of Last Report

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

29

25

30

4. FEI Number

65-0543145

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

10. Name and Address of New Registered Agent

STEVE BLAZEKOVIC
798 CRANDON BL #45
KEY BISCAIYNE, FL 33149

81. Name

LUIS Y. GARCIA

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

260 SUNRISE DR #J

83

84

City KEY BISCAIYNE

FL

85

Zip Code 33149

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

Luis Y. Garcia

Date: Registered Agent Signature (date of filing)

7/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STEVE BLAZEKOVIC
STREET ADDRESS 798 CRANDON BL #45
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE T+5
NAME LUIS Y. GARCIA
STREET ADDRESS 260 SUNRISE DR #J
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE P
2. NAME LUIS Y. GARCIA
3. STREET ADDRESS 260 SUNRISE DR #J
4. CITY-ST-ZIP KEY BISCAIYNE, FL 33149

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. 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 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 it changed or on an attachment with an address.

SIGNATURE:

Luis Y. Garcia (PRESIDENT)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96 (305) 361-2409

CR2E034 (12/95)