FILE NOW: FILING FEMAFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000001334 (8)

INTERNATIONAL MARKETING SALES & SERVICES, INC.

Mailing Address Principal Place of Business 9157 KILGORE ROAD 9157 KILGORE ROAD ORLANDO FL 32836-5503 ORLANDO FL 32836 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1995 07/12/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3331196 21 Not Applicable Suite, Apt. #, eld Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zψ Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RIVERA, NILDA I 9157 KILGORE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32836 63 R4 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, is the State of Florida Birch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam family with, and accept the obligations of section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 13. 12. Rivera Hilda-P 9150 Kilgore 20 DELETE Change Addition 7:11 F 1171717 RIVERA, HILDA I 1.2 NAME 9157 KILGORE RD 1.3 STREET ADDRESS STREET ADORESS Orlando, FL 32836 ORLANDO FL 1.4 CITY - ST - ZIP CHY-ST-201 DELETE Change Addition 2.1 THUE TITLE IYAN CRXZ - YIP NAME 2.2 NAME 9157 Milgoze 20 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CHY-S1-2# Change DELETE 3.1 TITLE Addition THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CHY-ST ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME

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 thook 13 if changed, or option attachment with applicates.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

STREET ACCORESS

CITY - ST- ZIP

CHTY+ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

MATURE AND TYPECKOR PRINTED NAME OF SIGNING OFFICER OF THE COTOR

DELETE

DELETE

R/18/97 407-8X-232

___ Change

. 🔲 Change

Addition

Addition

FILED

Feb 25 1997 8:00am

Secretary of State