NOW: FILING FEE AFTER MAY 1 IS $225.00

ROFIT
PORATION
AL REPORT
996

APPROVED
AND
FILED

97 JUN 12 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019506 (1)

NAME INTER-NATIONAL MEDIATION INSTITUTE, INC.

Principal Business: 2201 SE 18th St. SUITE 302 FT. LAUDERDALE FL 33316

Mailing Address: 2201 SE 18th ST. SUITE 302 FORT LAUDERDALE FL 33316

e of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 03/09/1995	3a. Date of Last Report: 1996
	Suite, Apt. etc. 27	4. FEI Number: 65-0563053	Applied For / Not Applicable
	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
4 25 Country: USA	Zip 29	Country 30	6. ☐ $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

81 Name: MARTI Bonneau

82 Street Address (P.O. Box Number is Not Acceptable): 2201 SE 18th St. SUITE 302

83 Ft Lauderdale, Fla

84 City: FL 85 Zip Code: 33316

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 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 and accept the obligations of Section 607.0505, Florida Statutes

Marti Bonneau

Signature, typed or printed name of registered agent and title if officer (Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P ☐ DELETE BONEAU, MARTI 2201 SE 18th ST. SUITE 302 FORT LAUDERDALE FL 33316	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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****165.00 ****165.00

D. Allain 6/12/97

I 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 changed, or on an attachment with an address.

RE: Marti Bonneau 5/1/97 (954)522-5600

DO NOT DETACH THIS STUB

CR2E034 (12/95)

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