

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 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 # P95000061508 (4)

1. Corporation Name  
INTERNATIONAL ENGINEERED SYSTEMS, LTD., INC.

Principal Place of Business  
7850 NW 146TH STREET  
SUITE 417  
MIAMI LAKE FL 33016

Mailing Address  
1304 SW 180TH AVENUE  
SUITE 659  
FT. LAUDERDALE FL 33326-1902



3. Date Incorporated or Qualified  
08/08/1995

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0611421

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

ACOSTA, MARIA A  
1304 SOUTH WEST 180TH AVENUE  
SUITE 659  
FT. LAUDERDALE FL 33326

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 607.0502 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Maria A. Acosta

MARIA A. ACOSTA

1/17/97

Signature of the person who is registered agent and the corporation is liable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. NO CHANGES REQUIRED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME            | STREET ADDRESS                  | CITY-ST-ZIP             | DELETE                   |
|-------|-----------------|---------------------------------|-------------------------|--------------------------|
|       | ACOSTA, MARIA A | 1304 SW 180TH AVENUE, SUITE 659 | FT. LAUDERDALE FL 33326 | <input type="checkbox"/> |
|       | VP              |                                 |                         | <input type="checkbox"/> |
|       | PERAZA, PEDRO C | 7850 NW 146TH STREET, SUITE 417 | MIAMI LAKES FL 33016    | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |
|       |                 |                                 |                         | <input type="checkbox"/> |

| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY-ST-ZIP  | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 attachment with an address.

SIGNATURE:

Maria A. Acosta

MARIA A. ACOSTA

1/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0296652

CR2E034 (9/96)