

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000062302 (1)

1. Corporation Name

INTERNATIONAL ASSET LIQUIDATION, INC.



Principal Place of Business

Mailing Address

8102 AMBACH WAY  
LANTANA FL 33462

8102 AMBACH WAY  
LANTANA FL 33462

3. Date Incorporated or Qualified  
08/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 201 E. Ocean Ave., #7

26 201 E. Ocean Ave., #7

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Lantana, FL 33462

27 Lantana, FL 33462

City & State

City & State

23 Zip 33462

Country

28 Zip 33462

Country

24 33462

25

29 33462

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDLAND, KIRK  
501 S. FLAGLER DR., SUITE 505  
W. PALM BEACH FL 33401

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President, Secretary, Director  
NAME Karl Lindroos  
STREET ADDRESS 201 E. Ocean Avenue, Unit #7  
CITY-ST-ZIP Lantana, FL 33462

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Lindroos

09-15-96

(561) 588-0095

CR2E034 (3/96)