

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000075742 (3)**

1. Corporation Name

**INTERNATIONAL ASSOCIATION OF SCUBA TECHNICIANS,
INC.**



Principal Place of Business

Mailing Address

**3081 SALZEDO STREET, SECOND FLOOR
CORAL GABLES FL 33134**

**3081 SALZEDO STREET, SECOND FLOOR
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **c/o Robert L. Feldman, Esq**

26 **c/o Robert L. Feldman, Esq**

4. FET Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **300 Sevilla Av., Ste. 305**

27 **300 Sevilla Av., Ste. 305**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Coral Gables, FL**

28 **Coral Gables, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33134**

25 **USA**

29 **33134**

30 **USA**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, ROBERT L

**3081 SALZEDO STREET, SECOND FLOOR
CORAL GABLES FL 33134**

81 Name

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

300 Sevilla Avenue

83

Suite 305

84

Coral Gables

FL

85 Zip Code
33134

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 to be typed or printed name of registered agent or director (delete)

(NOTE: Registered Agent signature required when filing 20g)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MOLA, RODOLFO**
CITY-ST-ZIP **9429 NW 46TH CT.
SUNRISE FL 33351**

1.1 TITLE **D,P,S,T** ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, unchanged, or with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Mola

7/26/96

305 - 443-0732

DATE

DATE/TIME

CR2E034 (12/95)