I ILL NOW, CILING FE	E AFTER MAY 1	IS \$225.00		
PROFIT CORPORATION ANNUAL REPORT	Sandr Secre	PARTMENT OF STATE  B. Morthan  Brary of State		
1996	Andrews	FCORPORATIONS		
DOCUMENT # P95 C				
ENTERNATIONAL GARMEN	NT CONTRACTO	is, Inc.		
Principal Place of Business	Mailing Address			
134 S.W. 131 Street	8834 5.W.13	-		
Miami, FL 33176	Miami, Fl	33176		
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #. etc.	26		65-0624077	Not Applicable  \$8.75 Additional
City & State	City & State		5. Certificate of Status Desired	Fee Required
1	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζ <sub>1</sub> ρ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
9. Name and Address of Curri		30	Florida Statutes Yes  10. Name and Address of New R	No egistered Agent
THE LAW FIRM OF LAWR	RENCE J. SPIEGEL	CHRTD. 81 Name LE	ON GUELJAN	
.343 ALMERIA AVENU	E	82   Street Add	ress (P.O. Box Number is Not Accepta	ble)
CORAL GABLES, FL	33134	83	6 5.W. 155TH COUR	<u> </u>
`	•	84 City		or Zo Code
Pursuant to the provisions of Sections 607.05	502 and 607 1508 Florido State	MIA		FL 85 Zip Code 33/76
<ul> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblice</li> </ul>	te of Florida. Such change was gations of Section 607 0505.	utes, me above-named corp authorized by the corporal florida Statutos	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
GNATURE Signature typed or printed name of registered as	Semano pri ocopion 601.6000, 1	LTIAN PRESIDE	<b>え</b> て	51 14/96
OFFICERS At	igent and title Capplicable (NC ND DIRECTORS	TE Registered Agent signature requir	red when reinsta; ng) ADDITIONS/CHANGES TO OFF1	DATE
Leon Guekjian	DELETE	1. 1 TITLE	ADDITIONO/OTANGES TO OFF	Change Addition
ME President REELADURESS 9936 S.W. 155th	Cts.	1.2 NAME		
Y-ST-ZIP Meami BL 331	16	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
E Secy/Tycas unar Manyse Gueklian 9976 5.W. 1556 C	L. DELETE	2. 1 TITLE		Change Addition
Manyse Guetlian	2	2 2 NAME	,	
1-ST-ZIP Meami Ft 37/16	6.	2.3 STREET ADDRESS 2.4 City-St-Zip		
•	DELETE	3. 1 TITLE		☐ Change ☐ Addition
AE EET ADDRESS		3 2 NAME 4		
- S1- ZIP		3.3 STREET ADDRESS   3.4 CITY-ST-ZIP		
	DELETE	4 1 TITLE		Change Addition
NE Eet address		4 2 NAME		
· SI - ZIP		4.3 STREET ADDRESS		
	DELETE	5 1 11TLE		Change Addition
		5.2 NAME	7/1000192	
t l			البياء	
E ET ADDRESS		5.3 STREET ADDRESS	70000183 -05/22/960101	.8 <del></del> 006
eet address - S1-71F	[ ] DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE	-05/22/960101 ***225.00	8005
E EET ADDRESS -ST-ZIF E	OFLETE	5.4 CITY- ST-ZIP	-05/22/960101 ***225.00	
NEET ADDRESS -S1-ZIF E E E E E E E E E E E E E E E E E E E	[_] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	-05/22/960101 ***225.00	
At EET ADDRESS 7-ST-7/F E  SET ADDRESS -ST-7/P  I do hereby certify that the information supplies	d with this files a sale of t	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	***225.00	Change Addition
E ET ADDRESS  -ST-7/F  ET ADDRESS -ST-7/F  I do hereby certify that the information supplies further certify that the information engineers	d with this filing is voluntarily for	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  Imished and does not qual	***225.00	Change Addition  119 07(3)(k), Florida Statutes, I
ET ADDRESS -S1-7IF  If ADDRESS -S1-7IP  I do hereby cortify that the information supplied further certify that the information indicated on made under only mall am an officer or direct that my name appears in Block 12 or Block 13	d with this filing is voluntarily for	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  Imished and does not qual	***225.00	Change Addition  Change Addition  119.07(3)(k), Florida Statutes, I
ET ADDRESS -S1-7IF  If ADDRESS -S1-7IP  I do hereby certify that the information supplier further certify that the information indicated on made under only mall am an officer or direct that my name appears in Block 12 or Block 12 GNATURE:	d with this filing is voluntarily for	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  TITISHED and does not qual ental annual report is true a server or trustee empowered ent with an address	***225.00  If y for the exemption stated in Section and accurate and that my signature shad to execute this report as required by	Change Addition  Change Addition  119.07(3)(k), Florida Statutes, I