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May 12 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 # P96000004836 (8)

1. Corporation Name

INTERNATIONAL MANAGEMENT SERVICES, INC.



Principal Place of Business

1401 BRICKELL AVE., STE. 300
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE., STE. 300
MIAMI FL 33131-3502

3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 14748 S.W. 56th ST

2a. Mailing Address

26 14748 S.W. 56th ST

4. FEI Number

65-0640228

Applied For

Not Applicable

22. State, Apt. #, etc.

23 MIAMI, FLORIDA

24 33185

25 U.S.A.

27. State, Apt. #, etc.

28 MIAMI, FLORIDA

29 33185

30 U.S.A.

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

WEISS, MICHAEL N
WEISS & HERNANDEZ, P.A.
1401 BRICKELL AVE., STE. 300
MIAMI FL 33131

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent or person making change of registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HYAT-KHAN, NEQUIB
STREET ADDRESS 555 NE 34 ST., #1002
CITY-ST-ZIP MIAMI FL 33137

TITLE D
NAME HYAT, LEENA
STREET ADDRESS 555 NE 34 ST., #1002
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME NEQUIB HYAT-KHAN
1.3 STREET ADDRESS 5433 S.W. 149 CT
1.4 CITY-ST-ZIP MIAMI, FL 33185

2.1 TITLE D
2.2 NAME LEENA HYAT
2.3 STREET ADDRESS 5433 S.W. 149 CT
2.4 CITY-ST-ZIP MIAMI, FL 33185

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Signature of NEQUIB HYAT-KHAN

4/15/97

(305) 388-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

017 21

CR2E034 (9/96)