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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007888 (6)

INTERNET REALTY ASSOCIATION, INC.

Principal Place of Business Mailing Address 7520 REPUBLIC DR., STE. 305 7520 REPUBLIC DR., STE. 305 ORLANDO FL 32819-8997 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Nymber Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country Zio Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARVALHO, ENIO 7520 REPUBLIC DR., STE. 305 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 8:5 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. ty-alust typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 12 13. DELETE Change 1.1 TITLE THE ENIO CARVALHO 1.2 NAME 573 WhittING HAM PLACE 1,3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP City - ST - ZIP Addition 71111 DELETE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TAILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Addition Change DELETE 6.1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CHTV - 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 eath; 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

SIGNATURE:

appears in Block 12 or Block 13 if of

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FILED

Apr 25 1997 8:00am

Secretary of State