## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000029227 (1)

INTERNATIONAL FINANCIAL CONSULTANTS, INC.

Principal Place of Business Mailing Address 6580 PONDAPPLE ROAD BOCA RATON FL 33433 BOCA RATON FL 33433-166				· · · · · · · · · · · · · · · · · · ·				
					Date Incorporated or Qualified     03/28/1996	Sa. Da	te of Last R	eport
2. Principal Place of Business 21		2a. Mailing Address			4. FEI Number V Applied For Not Applicab			<del></del>
Suite, Apt #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	<u> </u>	untry	8. This corporation has liability for		tax under s. ] No	199.032,
24	25] g. Name and Address of Cu	29	30	T	Florida Statutes  10. Name and Address of New F			
	N, HUBERT	Total Tiographic Agent	T,	81 Name	10, regine and Madridge of Hear	1081010100	9011	
BOC	A RATON FL 33433			83	ress (P.O. Box Number is Not Accept	,		
				84 City		FL	<b>85</b> Zip (	Code
11. Pursuant to office or reagent. Lan	o the provisions of Sections 607 gistered agent, or both, in the S n familiar with, and accept the c	.0502 and 607.1508, Florida S Itate of Florida. Such change v bligations of, Section 607.050!	tatutes, the a vas authorize 5, Florida Sta	bove-named corpora tutes.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the appo	changing it pintment as	s registered registered
SIGNATURE .								
	Signature, typica or printed name of registers			ed Agent signature requi	····	DAYE		
12.		AND DIRECTORS	13.	- I	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR  Change	S IN 12 Addition
TITLE	D WEIN LILIDEDT	נ טכננוג					Ciralina	L YOURIGH
NAME	WEIN, HUBERT 6580 PONDAPPLE ROAD			IAME				
STREET ADORESS   CITY-ST-ZIP	BOCA RATON FL 33433		4	STREET ADDRESS				
LITE LITE	DOOK INTON 1 E COTOO	DELETE		CITY-ST-ZIP			Change	Addition
NAME				IAME	po			
STREET ADDRESS			1	STREET ADDRESS	į.			
CITY - ST - ZIP			1	CITY-ST-ZIP				
THILE		DELETE		TITLE			Change	Addition
NAME (			3.21	iame (			*	
STREET ADDRESS			333	STREET ADDRESS				

64 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 five 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 12 or Block 13 if chapt of on an attachment with an address.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-S1-NP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

TITLE

NAME

THLE NAME

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

DELETE

DELETE

DELETE

APRIL 28.97

561-852-186

Change

Change

Addition

Addition

Addition

**FILED** 

May 06 1997 8:00am

Secretary of State