FILE NOW: FILING FEE AFT

MAY 1 IS \$550.00

Mailing Address

STE 101

501 EAST JACKSON STREET

ORLANDO FL 32801-2859

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

501 EAST JACKSON STREET

ORLANDO FL 32801

SIGNATURE:

STE 101



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032899 (2)

INTERNATIONAL PROJECTS & INVESTMENTS, INC.

								3. Date Incorporated or Qualified 3a. Date of Last Report										
Principal Place of Business 2a. Mailing Address								04/11/1996										
Z. Principai Fi	iace or busines	—— <u>1</u>					4. FEI Number Applied For Not Applicable											
Suite, Apt	#. etc	26 Su	Suite, Apt. #, etc.				SR 75 Additional											
2				7				5. Certificate of Status Desired Fee Required										
City & State	0		City & State				6. Election Campaign Financing \$5.00 May Be											
3		28					Trust Fund Contribution Added to Fees											
Zip	<u> </u>	Country	Zip)	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,										
4	25	<u> </u>	29		30			Florida Statutes Yes No										
		d Address of Curr	ent Hegistere	a Agent		81	Name	10. Name and Address of New Registered Agent										
HEGAZY, RAGAA 7248 WOODVILLE CRESCENT ORLANDO FL 32819						82 Street Address (P.O. Box Number is Not Acceptable) 83												
																84	City	FL 85 Zip Code
11. Pursuant l	to the provision	s of Sections 607.0	502 and 607.1	508 Florida Statut	les, the ab		-named	corporation submits this statement for the purpose of changing its registered										
office or n	egistered agen	t, or both, in the Sta	te of Florida	Such change was	authorized	by	the corp	poration's board of directors. I hereby accept the appointment as registered										
	n) (anninar w (r),	and accept the ob-	igations of, as	CHON BUT.USUS, FI	unua Sian	UI69	•											
SIGNATURE	Styriature typed or p	onned name of registered	agent and title 1 ap	ocable (NO)	E Registered	Age	nt signature	e required when reinstating) DATE										
12. •		OFFICERS A	ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
THLE	D			DELETE	1.1 TIT	LE		☐ Change ☐ Addition										
NAME	1.man am 11, 10 th 11.					МE												
STREET ADDRESS		DVILLE CRESCEN	IT			REET .	address											
CITY ST-ZIF	ORLANDO FL 32819				1.4 Ci	TY-S	T - ZIP											
100	D			☐ DELETE	2.1 T)T	LE		Change Addition										
NAME	HEGAZAY,				2.2 NAME		·											
STREET ADORESS		DVILLE CRESCEN	ıΤ	DELETE			ADDRESS											
CHY-\$1-ZIP	ORLANDO	FL 32819				2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition										
THEF				F"] DEFEIR	3.1 HI			[Clarke T Vonitor										
NAME							4000000	•										
STREET ADDRESS							ADDRESS											
COLVEST - ZOF TOTALE				DELETE	3.4. C1 4.1 TIT		51 - ZIP	Change Addition										
NAME					4. 2 N/													
STREET ADDRESS							ADDRESS											
City - St - ZiP					4.4 CI													
TITLE				☐ DELETE	5.1 7(1		, 21	Change Addition										
NAME					5.2 NA	ME												
STREET ADDRESS					5.3 \$1	REET	ADDRESS											
CrTY - ST - ZIP					5.4 C/I	TY-\$1	T-21P											
TITLE				☐ DELETE	6.1 717	LE		Change Addition										
NAME					6.2 NA	ME												
STREET ADDRESS					63ST	REET	ADDRESS											
Ci1y - \$1 - 7/P			· · · · · · · · · · · · · · · · · · ·		6.4 CI													
14. I do hereb	by certify that the indicated on	e information supp	lied with this fi	ling does not qual	ify for the	exel	mption s	stated in Section 119.07(3)(i), Florida Statutes, I further certify that the I that my signature shall have the same legal effect as if made under oath; that										
Lam ari o	fficer or directo	r of the corporation	or the receive	or trustee empoy	vered to e	xec	ute this r	report as required by Chapter 607, Florida Statutes; and that my name										