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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072355

1. Corporation Name

INTERNATIONAL ASSET RESOURCE, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 032 ***150.00



								40 4 6 4 1		 	
Principal Place of Business Mailing Address											
2300 CORPORATE BLVD. NW #123 2300 CORPORATE BLVD. NW											
BOCA RATON F)N FL 33431	FL 33431			DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualifed				
			•				08/30/1996			ì	
Lo. Multing Address							4. FEI Number			oplied For	
2. Principal Pla	ace of Business		2a. Mailing Address				65-0736972			ot Applicable	
21	·		Suite, Apt. #, etc.				00 0100012			Additional	
Suite, Apt. #	f, etc.						5. Certifcate of Status Desired		·	equired	
22		27 City 8:5	City & State				6. Election Campaign Financing		\$5.00	May Be	
City &-State			- ¬ '				Trust Fund Contribution	Ц		to Fees	
23	Country		Zip Country				8. This corporation owes the curre	ent vear Inta	ngible	1	
Zip	—¬ ·	29	3	·	,		Personal Property Tax.	,	Yes	□No	
24	25 9. Name and Address of Curr			-			10. Name and Address of New R	egistered A	\gent_		
	g. Name and Address of Con-	ent Kediaresen Vi		81	Nar	ne					
EHRLICH AND FREEDMAN, P.A.											
3300 UNIVERSITY DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 501				83	3	-					
CORAL SPRINGS FL 33065											
00,0	AE OF MINIOUS ILE GOODS			84	City			FL	85 Zip	Code	
.			El 11 0 0 1 1 1	46.000		ad aarma	ention culmits this statement for the	nurpose of	changing it	s registered	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508. te of Florida. Such	, Flonda Statutes , change was auti	norized by	the co	rporation	n's board of directors. I hereby accep	the appoir	tment as n	egistered	
agent. I ar	n familiar with, and accept the obli	gations of, Section	607.0505, Florid	la Statute	S .		oration submits this statement for the n's board of directors. I hereby accept				
CICNATURE	, ,	•						DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					ent signat	ne required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
12.		AND DIRECTORS	DELETE	13. 1.1 TITLE		_	ADDITIONS/CHANGES TO OF	, IOENO A	Change	☐ Addition	
TITLE	P		□ bereie			- (•		_	l	
NAME	DUBIN, ARTHUR	100 NIW #400		1.2 NAME						ł	
STREET ADDRESS 2300 CORPORATE BOULEVARD N.W., #123					1.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	BOCA RATON FL 33431-734	<u>.5</u>		1.4 CITY-					Change	Addition	
TITLE			DELETE	2.1 TITLE			•			_	
NAME	·			2.2 NAME						}	
STREET ADDRESS				2.3 STRE	ET ADDR	ESS)				Ì	
CITY-ST-ZIP				2. 4 CITY					Change	☐ Addition	
-TITLE===			- DELETE	3.1 TITLE			, , , ,		Change		
NAME	. :			3.2 NAME	•	ł				ļ	
STREET ADDRESS	,			3.3 STRE	ET ADDR	ESS	•			}	
CITY-ST-ZIP				3.4. CITY	-ST-ZIP		<u> </u>			Addition	
TITLE			☐ DELETE	4.1 TITLE					☐ Change	. Modificial	
NAME				4. 2 NAM	E	Į.					
STREET ADDRESS	,			4.3 STRE	ET ADOR	ESS					
CITY-ST-ZIP				4.4 CITY	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE	:	_ }	•		Change	e 🔲 Addition	
NAME				5.2 NAME	E						
STREET ADDRESS				5.3 STRE	ET ADDR	ESS				Į	
	• .			5.4 CFTY	-ST-ZIP						
TITLE			DELETE	6.1 TITLE	<u> </u>				☐ Change	Addition	
}				6.2 NAM	E					ļ	
NAME				6.3 STRE	ET ADDR	ESS				j	
STREET ADDRESS				6.4 CITY	-ST-ZIP		•			Ì	
CITY, ST. ZIP	S. C.					1					

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIL 23, 1999 7d 99

7d 9952300 Daytime Phone # -D2E034 (41/08)