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Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90067 015 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090144

1. Corporation Name

INTERNATIONAL FLORIDA MARKETING, INC.

Principal Place of Business

7061 GRAND NATURAL DRIVE
SUITE 105F
ORLANDO FL 32819

Mailing Address

7061 GRAND NATURAL DRIVE
SUITE 105F
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

59-3473883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7061 GRAND NATIONAL DR.

2a. Mailing Address

26 7061 GRAND NATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 105 F

27 SUITE 105 F

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip Country

Zip Country

24 32819 25 US

29 32819 30 US

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HUMPIERRES, MIGUEL E
STREET ADDRESS 7061 GRAND NATURAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE V ☐ DELETE
NAME HUMPIERRES, ELISABETH
STREET ADDRESS 7061 GRAND NATIONAL DR, SUITE 105-F
CITY-ST-ZIP ORLANDO FL 32819

TITLE S ☐ DELETE
NAME HUMPIERRES, ELISABETH
STREET ADDRESS 7061 GRAND NATIONAL DR, SUITE 105-F
CITY-ST-ZIP ORLANDO FL 32819

TITLE T ☐ DELETE
NAME HUMPIERRES, ELISABETH
STREET ADDRESS 7061 GRAND NATURAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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: Elisabeth Humpierres / ELISABETH HUMPIERRES

1/27/99 (407) 358-0408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)