

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S86876** (7)  
1. Corporation Name:  
**INTERNATIONAL DEVELOPMENT IN OVERSEAS TRADE, INC**



Principal Place of Business: **PO BOX 41004 ST. PETERSBURG FL 33743-1004**  
Mailing Address: **PO BOX 41004 ST. PETERSBURG FL 33743-1004**

3. Date Incorporated or Qualified: **10/11/1991**  
3a. Date of Last Report: **03/10/1995**  
4. FEI Number: **59-3087387**  
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**BUGALLO, JEAN  
5400 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name: **FL**  
82 Street Address (P.O. Box Number is Not Acceptable): **85**  
83  
84 City: **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 the date of filing

(If both the Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	BUGALLO, JEAN	5400 GULF BLVD	ST PETERSBURG BCH FL	
T	BUGALLO, HUMBERTO C	5400 GULF BLVD	ST PETERSBURG BCH FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)