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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$88486

(3)

INTERNATIONAL EXECUTIVE RESOURCES, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

		·				
Principal Place of Business Mailing Address					1 19811918 191 18191 19111 91991 18118 9111 9	ibit binis sesii sibit bisis Einet indt
18800 NW 2ND AVENUE		3389 SHERIDAN ST				
#122-8   Miami Fl 33169		STE 143 HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualified	
					10/21/1991	
	lace of Business	2a. Mailing Address	*		4. FEI Number	Applied For
21		26	0.7		65-0292807	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
h		28	<u> </u>		· · ·	Added to Fees
Zip			Country	/	8. This corporation owes or has paid	the current year Intangible
24	25		30		Personal Property Tax due June 30	
ļ	9. Name and Address of Curr	ent Registered Agent	81	Maria	10. Name and Address of New Regis	tered Agent
	ATELLI, SANDRA		81	Name		
	800 NW 2 AVE 'E 1228		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	AMI FL 33169		83			
,,,,,,	THE I C GO TOP					
			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 reg						
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						
<u></u>	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·		ant signature requir		DATE
12.	OFFICERS A	AND DIRECTORS  DELETE	13. 1.1 TITLE	<del></del> -	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	CATCLL CAMPBA		1.2 NAME			C change C Modition
STREET ADDRESS	ARRONA AND A SVE ALROND		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP			
TITLE	107		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	2.3		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	☐ DELETE 31T		3 1 TITLE			☐ Change ☐ Addition
NAME	3.2		3.2 NAME			ļ
STREET ADDRESS	ss		3.3 STREET			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP		
TITLE		L.} DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADORESS				AODRESS		j
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change Addition
NAME		- DECENT	5.1 TITLE 5.2 NAME			onango noonton
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE	1 40		Change Addition
NAME		_	6.2 NAME			_ , _
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
44					0 11 110 03(0)(1) 51 11 01 11 11	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 roceiver or trustoe 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: SANALA CATORIS