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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V00264

(4)

INTERNATIONAL DEVELOPMENT AND CONSTRUCTION, INC.						
Principal Place of Business Mailing Address						
8729 VIA GIULIA BOCA RATON FL 33406-1907 US		8729 VIA GIULIA BOCA RATON FL 33406-1907 US			Lea 5 4 40	
				<ol> <li>Date Incorporated or Qualified</li> <li>12/10/1991</li> </ol>	3a. Date of La: 05/01/	
2. Principal Plac		2a. Mading Address				Applied For
1 8273 Via Dr Veneto		26 8273 Via Di Veneto		65-2095832		Not Applicable
Suite. Apt. #, 2	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required
City & State		Qity & State	······································	6. Election Campaign Financing	\$!	5.00 May Be
Boca Ratur, FL			ton, +L	Trust Fund Contribution	Added to Fees	
Zip	6-190725 Pale Beach	29 33496-1967	Society Ocach	8. This corporation has liablyty for i Florida Statutes 11 Yes	intangible tax und No	ers 199.032,
	9. Name and Address of Currer			10. Name and Address of New R	egistered Agent	<u> </u>
			81 Name			
·				ess (P.O. Box Number is Not Acceptab	le)	
8729 VIA GIULIA BOCA RATON FL 33496  83			83			
DOON IN	HOIT I COTO		84 City		85	Zip Code
			- ",		FL.	
or registere familiar with SIGNATURE	id agent, or both, in the State of Flori i, and accept the obligations of, Sco	ida: Such changé was authorize tion 607 0505, Florida Statutes.	by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appoint	pintment as regist	ered agent. I am
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DEL <b>e</b> te	1 1 TITLE		Cha	inge 🔲 Addition
NAME	SCARDINA, CHARLIE		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS City-SI-Zip	8729 VIA GIULIA BOCA RATON FL		1.4 City St-ZiF			
TITLE	D	DELETE	2 1 TifLE		Cha	inge 🔲 Addition
NAME	RAMZI, AKEL		2.2 NAME			
STREET ADDRESS	8729 VIA GIALIA		2.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL	DECETE	24 CITY ST-ZP 3 1 TILLE		Cha	ange 🔲 Addition
TITLE NAME			3.2 NAME			
STREET ADORESS			3.3 STHEEF ADDRESS			
City-St-Zip			3.4 CHY - ST - ZIP			
TITLE		☐ DELETE	4 3 TULE		Cna	ange
NAME			4.2 NAME			
STREET ADDRESS CITY - ST - ZIP			4 3 STHEFT ADDRESS 4 4 CITY ST ZIP			
TIFLE		DELETE	5 1 Till!		Cha	ange 🔲 Addition
NAME			5.2 NAM:			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		( ) DEL E16	54 GITY - ST - 712	And the second s	Chi	ange Addition
TITLE		☐ DECE1E	6 1 THUE 6 2 NAME		L) (1)	rige [_] Add doi:
NAME STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY St ZIP			
14. I do hereby certify that oath; that	y cert fy that the information supplied the information indicated on this and am an officer or director of this corp Block 12 or Block 13 if changed, or	rual report or supplemental annu- soration or the subeliver or trustee	ial report is true and accur empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	.07(3)(k), Florida S same legal effect orida Statutes ar	Statutes, I further tas if made under nd that my name
SIGNAT	URE: SIGNATURE AND TYPED	OH OF SIGNING OFFICE	R OR DIRECTOR	427/16	Cayle x	Phone #