

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60231 (0)
1. Corporation Name
INTERNATIONAL FACTORING INSTITUTE, INC.

Principal Place of Business Mailing Address
24 SOUTH ORANGE AVENUE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/26/1992** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-3143660** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **255 S. Orange Ave.** 26 **255 S. Orange Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **6th Floor** 27 **6th Floor**
City & State City & State
23 **Orlando, FL** 28 **Orlando, FL**
Zip Country Zip Country
24 **32801** 25 **Orange** 29 **32801** 30 **Orange**

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

9. Name and Address of Current Registered Agent
PINO, LAURENCE J.
24 SOUTH ORANGE AVENUE 255 S. Orange Ave.,
ORLANDO FL 32801 ORLANDO FL 32801
6th Floor

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 _____ DATE _____
(Signature, typed or printed name of registered agent and fee if applicable) (Typed Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LAURENCE J	1.2 NAME	
STREET ADDRESS	24 SOUTH ORANGE AVENUE	1.3 STREET ADDRESS	255 S. Orange Ave., 6th Floor
CITY - ST - ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PATRICIA T.	2.2 NAME	
STREET ADDRESS	24 S ORANGE AVE	2.3 STREET ADDRESS	255 S. Orange Ave., 6th Floor
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 checked, or on an attachment with an address.

SIGNATURE: *Patricia T. Wilson* **4/25/95** **407-425-7831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Block 8)
Patricia T. Wilson, Secretary