

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71920** (5)

1. Corporation Name

INTERNATIONAL ASSET RECOVERY CORP.

Principal Place of Business

Mailing Address

**40304 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109**

**40304 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0373167

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHORE, H. ALLAN
1221 BRICKELL AVENUE
150 WEST FLAGLER ST.
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVENUE

83. City

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 of current registered agent and the filer is required)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **GREEN, STEVEN J.**
STREET ADDRESS: **40304 FISHER ISLAND DR.**
CITY-ST-ZIP: **FISHER ISLAND FL**

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

TITLE: **D**
NAME: **SAFCHIK, JEFFREY A.**
STREET ADDRESS: **40304 FISHER ISLAND DR.**
CITY-ST-ZIP: **FISHER ISLAND FL**

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(1)(b), Florida Statutes. I further certify that the information reported 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. I am an officer or director of the corporation or its predecessor 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 my appointment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY SAFCHIK

2/21/95 (305) 534-1012

(NAME)

(TELEPHONE NUMBER)