

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 306225 (4)

1. Corporation Name
I. C. SALES, INC.



Principal Place of Business 9021 S. W. 60 TERRACE MIAMI FL 33173	Mailing Address 9021 S. W. 60 TERRACE MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7975 S.W. 86 ST.	26 7975 S.W. 86 ST.
22 #222	27 #222
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 33143	29 33143
25 USA	30 U.S.A

3. Date Incorporated or Qualified 06/17/1966	
4. FEI Number 59-1143398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FEINGOLD, INEZ 9021 SW 60 TERRACE MIAMI FL 33173		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	MIAMI
		85 Zip Code	FL 33143

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINGOLD, INEZ	1.2 NAME	
STREET ADDRESS	9021 S.W. 60 TERR	1.3 STREET ADDRESS	7975 S.W. 86 ST, #222
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL. 33143
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINGOLD, INEZ	2.2 NAME	
STREET ADDRESS	9021 SW 60 TERR	2.3 STREET ADDRESS	7975 S.W. 86 ST, #222
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL. 33143
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE **4-22-98** **306225-0873**

CR2E034 (10/97)