

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 495315 (4)**

1. Corporation Name

**FORD INTERNATIONAL CONSULTANTS AND TRADING, INC.**



Principal Place of Business

Mailing Address

C/O SYLVAN HOLTZMAN  
2601 S BAYSHORE DR. #600  
MIAMI FL 33133  
US

C/O SYLVAN HOLTZMAN  
2601 S BAYSHORE DR. SUITE 600  
MIAMI FL 33133  
US

3. Date Incorporated or Qualified  
**04/21/1976**

3a. Date of Last Report  
**04/11/1995**

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

29 30

4. FEI Number  
**59-1727886**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HKE & F REG AGENT CORP  
2601 S BAYSHORE DR  
STE 600  
MIAMI FL 33133**

81 Name  
**HKE&F REGISTERED AGENT CORP.**  
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: **(name change only - no signature required)**

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>P FORD, HENRY</b>	1. 2 NAME	
STREET ADDRESS	<b>14250 SW 62 AVE</b>	1. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>D FORD, HENRY</b>	2. 2 NAME	
STREET ADDRESS	<b>14250 SW 62ND AVE</b>	2. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>VS FORD MARIA CONSUELO</b>	3. 2 NAME	
STREET ADDRESS	<b>14250 SW 62ND AVE.</b>	3. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>D FORD, MARIA CONSUELO</b>	4. 2 NAME	
STREET ADDRESS	<b>14250 SW 62ND AVE</b>	4. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 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, changed, or on an attachment with an address.

SIGNATURE:

*Henry Ford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

Date

(809) 369-3610

Daytime Phone #

CR2E034 (12/95)