

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
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1727886	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

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	P FORD, HENRY	1. 2 NAME	
STREET ADDRESS	14250 SW 62 AVE	1. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	D FORD, HENRY	2. 2 NAME	
STREET ADDRESS	14250 SW 62ND AVE	2. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	VS FORD MARIA CONSUELO	3. 2 NAME	
STREET ADDRESS	14250 SW 62ND AVE.	3. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	D FORD, MARIA CONSUELO	4. 2 NAME	
STREET ADDRESS	14250 SW 62ND AVE	4. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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

(809) 369-3610

Date

Daytime Phone #

CR2E034 (12/95)