

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000002036 (0)

1. Corporation Name
CUSTIMA INTERNATIONAL CORPORATION



Principal Place of Business: 44 RIVERSIDE, SIR THOMAS LONGLEY RD. ENGLAND ROCHESTER, KENT ME2 4DP
Mailing Address: 44 RIVERSIDE, SIR THOMAS LONGLEY RD. ENGLAND ROCHESTER, KENT ME2 4DP

2. Principal Place of Business		2a. Mailing Address	
21	101 Southhall Lane Suite, Apt. #, etc.	26	101 Southhall Lane Suite, Apt. #, etc.
22	SUITE 400 City & State	27	SUITE 400 City & State
23	Maitland FL Zip Country	28	Maitland FL Zip Country
24	32751 USA	29	32751 USA
25		30	

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report: APPLIED FOR
4. FEI Number: 59-3324660
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name, of registered agent and date if applicable) (Name of Registered Agent, signature required when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CAPAL, BARRY	
STREET ADDRESS	44 RIVERSIDE, SIR THOMAS ROAD	
CITY- ST- ZIP	ROCHESTER, KENT ENGLAND	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLE, RICHARD	
STREET ADDRESS	44 RIVERSIDE, SIR THOMAS ROAD	
CITY- ST- ZIP	ROCHESTER, KENT ENGLAND	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WHITTAKER, MARTYN	
STREET ADDRESS	44 RIVERSIDE, SIR THOMAS ROAD	
CITY- ST- ZIP	ROCHESTER, KENT ENGLAND	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, PATRICIA	
STREET ADDRESS	44 RIVERSIDE, SIR THOMAS ROAD	
CITY- ST- ZIP	ROCHESTER, KENT ENGLAND	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATEL, KIRAN	
STREET ADDRESS	44 RIVERSIDE, SIR THOMAS ROAD	
CITY- ST- ZIP	ROCHESTER, KENT ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)