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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # PORODORSAR1

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90049 012 ***150.00

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1. Corporation Name THE INTERNATIONAL COMPANIES CREATIVE ASSET DIVIS ION, INC. Principal Place of Business Mailing Address										
Principal Place	e of Business	M	ailing Address				ļ			
12555 BISCAYNE BLVD 12565 BISCAYNE BLVD							•			ł
SUITE 429 SUITE 429 NORTH MAMI FL 33181 NORTH MAMI FL 33181							DO NOT WRITE IN THIS SPACE			
TOTAL MINIMA EL COLOT							3. Date Incorporated or Qualifed			
l							10/15/1998			j
2. Principal P	face of Business	2a	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26					650869829		t Applicable)
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75 / Fee Re		i
City & Stat	e	- - ' '	City & State				6. Election Campaign Financing	\$5.00	May Be	ıİ
23	~ 	28	·	~ ~-	• •		Trust Fund Contribution	Added I	o Fees	
Zip	Country	-1-5	Zip	Cou	ntry		8. This corporation owes the current year	Intangible		
24	25	29		30		_	Personal Property Tax.	Yes	□No	1
=-	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registers	d Agent		ı
					Bi	Name			ľ	!
GOMER, BERNARD					82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
12555 BISCAYNE BLVD				Oz Dabat Padrass (1 . o. sox trainer to the second					[]	
	E 429				83					
NORTH MIAMI FL 33181				84	City	85 Zip Code			. }	
					FI					i l
office of ragent.) a SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the obligation of the state of separature, typed or printed name of registered agent OFFICERS AN	and title	if applicable. (NOTE	_		agnature required	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate properties of the purpose	AND DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	PD DELETE				TLE			Change	Addition	Ξ,
NAME	GOMER, BERNARD			1.2 N	1.2 NAME					ঠু
STREET ADDRESS	The state of the s			1.35	TREETA	LOORESS				Ж
CITY-ST-ZIP	NORTH MIAMI FL 33181			1.4 CI	TY-81-	ZB ²			Addition	<u>)</u>
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NAME				2.2 N	2.2 NAME			Change		. 1
STREET ADDRESS					-			∐ Change		1
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CITY-ST-ZIP				2.40	TREET A				,	
TITLE			☐ DELETE	2.4 C	TREET A STY-ST- TLE			☐ Change	Addition	
			D DELETE	2.4 C 3.1 TI 3.2 N	TREET A STY-ST- TLE AME	-ZIP			,	
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TITLE NAME STREET ADDRESS CITY-ST-ZP				2.4 C 3.1 TI 3.2 No 3.3 ST 3.4. C 4.3 TI 4.2 No	TREET A TITY-ST- TILE TREET A TITY-ST- TILE TAME	. ZIP		☐ Change	☐ Addition	- ~
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_		2.4 C 3.1 TI 3.2 No 3.3 ST 3.4. C 4.3 TI 4.2 No	TREET A TITY-ST- TILE TREET A TITY-ST- TILE TAME	DORESS		☐ Change	☐ Addition	_ ~
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14. I heraby 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 inustee 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, with all other like empowered.

SIGNATURE

THE AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR

april 19-99

505-8667/7/