FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

1 of 2

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65346** **(1)**

1. Corporation Name
ITUS, INC.

Principal Place of Business	Mailing Address
1414 COLLINS AVENUE. #1 MIAMI FL 33139	1414 COLLINS AVENUE. #1 MIAMI FL 33139-4129

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0359173** ☐ 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

SCHOLL, DENNIS
1414 COLLINS AVENUE, #1
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Gail Shelby, as agent — 4-10-97
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRZAKHANIAN, EMIL 1414 COLLINS AVENUE, #1 MIAMI FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002139595---4
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD RUBINI, GIORGIO 1414 COLLINS AVENUE, #1 MIAMI FL 33139	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4-10-97

CR2E034 (9/96)

14. I do 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: Manager 3-19-97 305-531-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191693

2 of 2

THE UNITED STATES CORPORATION COMPANY

RECEIVED
97 APR 10 PM 1:50
FLORIDA DEPARTMENT OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 326334 7127298

AUTHORIZATION :

COST LIMIT : $ 605.00 Patricia Pyatt

ORDER DATE : April 10, 1997

ORDER TIME : 11:44 AM

ORDER NO. : 326334-005

CUSTOMER NO: 7127298

CUSTOMER: Ms. Debra S. Scholl
Morada
Suite 1
1414 Collins Avenue
Miami, FL 33139

DOMESTIC FILINGS

NAME: I.T.U.S. CORPORATION

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS AB 4-10-97