

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 581807 (5)  
1. Corporation Name  
INTERNATIONAL MARKETING CONCEPTS, INC.



Principal Place of Business  
19495 BISCAYNE BLVD.  
#804  
AVENTURA FL 33180  
US

Mailing Address  
19495 BISCAYNE BLVD  
#804  
AVENTURA FL 33180-2320  
US

3. Date Incorporated or Qualified  
08/09/1978

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 3300 N.E. 191 STREET  
Suite, Apt. #, etc.  
22 1505  
City & State  
23 AVENTURA FL  
Zip  
24 33180

2a. Mailing Address  
26 3300 N.E. 191 STREET  
Suite, Apt. #, etc.  
27 1505  
City & State  
28 AVENTURA FL  
Zip  
29 33180

4. FEI Number  
59-1856311

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

GROSSMAN, JOEL  
3530 MYSTIC POINTE DR, #2702  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name  
GROSSMAN, JOEL  
82 Street Address (P.O. Box Number is Not Acceptable)  
3300 N.E. 191 STREET  
83 SUITE #1505  
84 City  
AVENTURA  
85 Zip Code  
FL 33180

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 J. GROSSMAN  
Date 4-8-97

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS                  | CITY-ST-ZIP | DELETE                   |
|-------|----------------|---------------------------------|-------------|--------------------------|
|       | GROSSMAN, JOEL | 3530 MYSTIC POINTE DRIVE, #2702 | AVENTURA FL | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |
|       |                |                                 |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME           | STREET ADDRESS              | CITY-ST-ZIP        | DELETE                   |
|-------|----------------|-----------------------------|--------------------|--------------------------|
|       | GROSSMAN, JOEL | 3300 N.E. 191 STREET, #1505 | AVENTURA, FL 33180 | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |
|       |                |                             |                    | <input type="checkbox"/> |

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 hereof or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)