**2003 LIMITED PARTNERSHIP** 

STAPLE CHECK HERE

UNIFORM BUSINE	33 KEPUKI	(OBK)	· · · · · · · · · · · · · · · · · · ·
DOCUMENT # A31691  1. Entity Name INTERNATIONAL COMMERCE LTD.			FILED 03 MAY -6 AM 9:31
Principal Place of Business  400 NW. 165TH ST. 3602 OTTAWA LA.  MIANIFE 3301+  COOPER CAY, FL  33026  2. Principal Place of Business.	HIALEAH-FL 33014 COOF	2 OTTAWALA. Ser City, FL 33026	SECRETARY OF STATE TALLAHASSEE, FLORIDA
3602 OTHWA LANE 3602 OTHWA LANE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	DUE BY MAY 1, 2003
City & State COPER COTY, FL	COOPER CUP	4, FL	4. FEI Number 65-0267971 Applied For Not Applicable
Zip 33026 Country USA	Zip 33026	Country	5. Certificate of Status Desired
6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
INTERNATIONAL COMMERCE CORP. MIAMI FREE ZONE 4760 N.W. 165TH ST.		Name Street Address (	(P.O. Box Number is Not Acceptable)
MIAMI FL 33014		City	CI Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	l	Zip Code red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		<del></del>	
Signature, typed or printed name of registered agent a  9. Capital Contributions \$2,970,000.00	nd title if applicable.  10. Amount of Capital	Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Snown on record	in FLORIDA to date	e	SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # 591573 NAME INTERNATIONAL COMM. CORP		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP  4760 N.W. 165TH ST. MIAMI FL 33014		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	100019292911
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	05/06/0301053001 **\$26.25
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DOCUMENT ≠ NAME :		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZiP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE.  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date			