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 # **F94000004190 (4)**

1. Corporation Name

IEDC MARKETING, INC

Principal Place of Business	Mailing Address
407 LINCOLN RD SUITE 5C MIAMI BEACH FL 33139 US	1 PENN PLAZA SUITE 4307 NEW YORK NY 10119 US

2. Principal Place of Business	2a. Mailing Address
21 407 Lincoln Rd	26 1 Penn Plaza
22 Suite, Apt. #, etc. Ste 5C	27 Suite, Apt. #, etc. Ste 4307
23 City & State Miami Beach FL	28 City & State New York NY
24 Zip 33139 25 Country	29 Zip 10119 30 Country

3. Date Incorporated or Qualified: 08/12/1994	3a. Date of Last Report: 02/20/1995
4. FEI Number: 65-0509619	☐ 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

NATIONAL CORPORATE RESEARCH, LTD. INC.
1020 E. LAFAYETTE ST.
SUITE 110A
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YERUSHALMI, DAVID		1.2 NAME	
STREET ADDRESS	407 LINCOLN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASH, HOWARD		2.2 NAME	
STREET ADDRESS	407 LINCOLN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GROVEMAN, BERNARD		3.2 NAME	
STREET ADDRESS	407 LINCOLN RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added above.

SIGNATURE: [signature] 1/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 212-168-6370 Daytime Phone Number