FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006368 (4)**

1. Corporation Name
IDENTIFICATION TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE RD SUITE 504 CORAL GABLES FL 33134	2655 LEJEUNE RD SUITE 504 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2655 LeJeune Road
22 Suite, Apt. #, etc.: Suite 534
23 City & State: Coral Gables, FL
24 Zip: 33134
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: APPLIED FOR 65-0538959 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD
4TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HERTZ, DAVID B	1.2 NAME	Hertz, David B	
STREET ADDRESS	2655 LEJEUNE RD, SUITE 504	1.3 STREET ADDRESS	2655 LeJeune Rd Suite 534	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	PIPERS, DAVID	2.2 NAME	Pipers, David	
STREET ADDRESS	2655 LEJEUNE RD, SUITE 504	2.3 STREET ADDRESS	2655 LeJeune Rd. Suite 534	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HERTZ, BARBARA V	3.2 NAME	Hertz, Barbara V	
STREET ADDRESS	2655 LEJEUNE RD, SUITE 504	3.3 STREET ADDRESS	2655 LeJeune Rd, Suite 534	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	SD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	MYERS, ALBERT B	4.2 NAME	Myers, Albert B	
STREET ADDRESS	2655 LEJEUNE RD, SUITE 504	4.3 STREET ADDRESS	2655 LeJeune Road, Suite 534	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	T	5.1 TITLE	S/T/V/D	☑ Change ☐ Addition
NAME	CHAPMAN, NEIL	5.2 NAME	[redacted] Chapman, Neil	
STREET ADDRESS	2655 LEJEUNE RD, SUITE 504	5.3 STREET ADDRESS	2655 LeJeune Road, Suite 534	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	Coral Gables FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Neil Chapman 4/21/95 (305) 447-8929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141001 CP