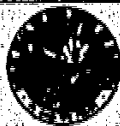


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2655 LEJEUNE RD
SUITE 504
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE RD
SUITE 504
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1984

3a. Date of Last Report

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2655 Le Jeune Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 Coral Gables, FL

25 Zip

26 33134

27 City & State

28 Zip

29 Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HERTZ, DAVID B
STREET ADDRESS 2655 LEJEUNE RD, SUITE 504
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME PIPERS, DAVID
STREET ADDRESS 2655 LEJEUNE RD, SUITE 504
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME HERTZ, BARBARA V
STREET ADDRESS 2655 LEJEUNE RD, SUITE 504
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD
NAME MYERS, ALBERT B
STREET ADDRESS 2655 LEJEUNE RD, SUITE 504
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T
NAME CHAPMAN, NEIL
STREET ADDRESS 2655 LEJEUNE RD, SUITE 504
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME HERTZ, DAVID B

1.3 STREET ADDRESS 2655 LeJeune Rd Suite 534

1.4 CITY-ST-ZIP Coral Gables FL 33134 ☒ Change ☐ Addition

2.1 TITLE D

2.2 NAME PIPERS, DAVID

2.3 STREET ADDRESS 2655 LeJeune Rd. Suite 534

2.4 CITY-ST-ZIP Coral Gables FL 33134 ☒ Change ☐ Addition

3.1 TITLE D

3.2 NAME HERTZ, BARBARA V

3.3 STREET ADDRESS 2655 LeJeune Rd, Suite 534

3.4 CITY-ST-ZIP Coral Gables FL 33134 ☒ Change ☐ Addition

4.1 TITLE SD

4.2 NAME MYERS, ALBERT B

4.3 STREET ADDRESS 2655 LeJeune Road, Suite 534

4.4 CITY-ST-ZIP Coral Gables FL 33134 ☒ Change ☐ Addition

5.1 TITLE S/T/V/D

5.2 NAME CHAPMAN, NEIL

5.3 STREET ADDRESS 2655 LeJeune Road, Suite 534

5.4 CITY-ST-ZIP Coral Gables FL ☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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

(205) 447-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR