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 # **F94000006368 (4)**

1. Corporation Name

IDENTIFICATION TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2655 LE JUNE RD SUITE 534 CORAL GABLES FL 33134 US	2655 LEJEUNE RD SUITE 504 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 2655 LE JEUNE ROAD	26 2655 LE JEUNE ROAD
Suite, Apt. #, etc. 22 SUITE 703	Suite, Apt. #, etc. 27 SUITE 703
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip / Country 24 33134 / 25	Zip / Country 29 33134 / 30

4. FEI Number: 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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HERTZ, DAVID B		1.2 NAME	HERTZ, DAVID B	
STREET ADDRESS	2655 LE JUNE RD SUITE 534		1.3 STREET ADDRESS	2655 LE JEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	PIPERS, DAVID		2.2 NAME	PEIPERS, DAVID	
STREET ADDRESS	2655 LE JUNE RD SUITE 534		2.3 STREET ADDRESS	2655 LE JEUNE ROAD, SUITE 703	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HERTZ, BARBARA V		3.2 NAME	HERTZ, BARBARA	
STREET ADDRESS	2655 LE JUNE RD SUITE 534		3.3 STREET ADDRESS	2655 LE JEUNE ROAD SUITE 703	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	MYERS, ALBERT B		4.2 NAME	MYERS, ALBERT B	
STREET ADDRESS	2655 LE JUNE RD SUITE 534		4.3 STREET ADDRESS	2655 LE JEUNE ROAD SUITE 703	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	☐ DELETE	5.1 TITLE	S/T/V/D	☑ Change ☐ Addition
NAME	CHAPMAN, NEIL		5.2 NAME	CHAPMAN, NEIL	
STREET ADDRESS	2655 LE JUNE RD SUITE 534		5.3 STREET ADDRESS	2655 LE JEUNE ROAD SUITE 703	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
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)(k), 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 VICE PRESIDENT 2/19/96 (305) 447-8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #