

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006368 (4)
 1. Corporation Name
IDENTIFICATION TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business 2655 LE JEUNE ROAD #703 CORAL GABLES FL 33134 US	Mailing Address 2655 LEJEUNE ROAD #703 CORAL GABLES FL 33134-5815 US
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3. Date Incorporated or Qualified 12/14/1994	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0538959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD 4TH FLOOR MIAMI FL 33131	
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
HERTZ, DAVID B 2655 LE JEUNE RD SUITE 703 CORAL GABLES FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
PIPERS, DAVID 2655 LE JEUNE ROAD #703 CORAL GABLES FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
HERTZ, BARBARA V 2655 LE JEUNE ROAD #703 CORAL GABLES FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
MYERS, ALBERT B. 2655 LE JEUNE ROAD #703 CORAL GABLES FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input checked="" type="checkbox"/> DELETE
CHAPMAN, NEIL 2655 LE JEUNE ROAD #703 CORAL GABLES FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO, D 2655 LEJEUNE ROAD-SUITE 703 33134
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PIPERS, DAVID 33134
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33134
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33134
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WEISS, KENNETH C. 2655 LEJEUNE ROAD #703 CORAL GABLES, FL 33134

14. I do 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 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: David B. Hertz **DAVID B. HERTZ** **MAR 26 1997** **305-447-8919**

CR2E034 (9/96)