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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L98174 (0)

1. Corporation Name  
INTERNATIONAL TRAINING CENTER INC.

Principal Place of Business  
BLUE GABLES PLAZA  
7360 SW 24TH STREET SUITE 20  
MIAMI FL 33155  
US

Mailing Address  
PO BOX 1848  
MURRAY HILL STATION  
NEW YORK NY 10156-1848  
US



3. Date Incorporated or Qualified 09/07/1990 3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 11-3033874 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution [X] \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

24 25 29 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC  
110 N MAGNOLIA DR  
TALLAHASSEE FL 32301

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	P	1.1 TITLE	[ ] Change [ ] Addition
NAME	TEICH, ROBERT	1.2 NAME	
STREET ADDRESS	285 HENRY STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	[ ] Change [ ] Addition
NAME	PERDOMO-MARTELL, ZULEICA	2.2 NAME	
STREET ADDRESS	2633 SW 32 COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	[ ] Change [ ] Addition
NAME	TEICH, SUSAN	3.2 NAME	
STREET ADDRESS	285 HENRY ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	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	

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/28/97 (0712) 686-0036

CR2E034 (9/96)