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

Mailing Address PO BOX 1848 MURRAY HILL STATION

NEW YORK NY 10156-0610

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-11-1999 90059 034 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L98174

1. Corporation Name

BLUE GABLES PLAZA 7360 SW 24TH ST #31

MIAMI FL 33155

Principal Place of Business

INTERNATIONAL TRAINING CENTER INC.

US				US	3					3.	. Date Incorporated or Qua	lifed				
											09/07/1990					
2.	2. Principal Place of Business				2a. Mailing Address						4. FEI Number .				Apr	olied For
21				26							11-3033874				Not	Applicable
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5.	. Certifcate of Status Desir	ed	N2	• -	.75 A ee Red	dditional quired
	City & State	e	<del></del>	1 .	City & St	ate		_		6.	, Election Campaign Finan	cina		\$!	5.00	May Be
23	7:-		Country	28	Zip		Countr	_			Trust Fund Contribution			A	dded to	•
_	Zip				<b>–</b> – –			Codinity		8.	. This corporation owes the	curre	ent year In	tangible Ve		□No
24			25	29	-4		0				Personal Property Tax.  Name and Address of N	low D	anistarad			
		y. Name	and Address of Current	Regi	stered Age	PITE	81	1	Name	10.	, Name and Address of N	ew K	egistered	Agent		
PRENTICE HALL CORPORATION SYSTEM INC								'	1401116							
110 N MAGNOLIA DR							82	2	Street Add	ddress (F	P.O. Box Number is Not Ac	cepta	ble)			
								1					. , .			
TALLAHASSEE FL 32301							83	3				,	. "			4. j.
							84	1	City		<del></del>	,	· ·	85	Zip C	ode
							۔ ا	1	Oity				FL	_   "	<b></b> ,p 0	-000
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.															registered jistered	
SIG	NATURE	Slanature typed	or printed name of registered agent	and title	if annlicable	(NOTE: R	egistered Age	int	signature requi	uired when	reinstating)		DATE			
12.		Oiginitare, typeu	OFFICERS AND			(AG 1211	13.				ADDITIONS/CHANGES TO	OFF		ND DIR	ECTO	RS IN 12
TITLE		P		***************************************		DELETE	1.1 TITLE							□ Ct		Addition
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			RY STREET				1.3 STREE		ADDDESS							
	ET ADDRESS															
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NAME	1		O-MARTELL, ZULEICA				2.2 NAME									
	ET ADDRESS		32 COURT				2.3 STREE									
	ST-ZIP	MIAMI FL				7 00: 000	2. 4 CITY-	ST	r-ZIP					□ Ci		Addition
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NAME	<b>:</b>	TEICH, SI					3.2 NAME									
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CITY-	ST-ZIP	BROOKLY	<u>(N NY</u>				3.4. CITY-	ST	-ZIP			· .	<u> </u>		1,	
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NAME	<b> </b>						4, 2 NAME		]							
STRE	ET ADDRESS						4.3 STREE	ET A	ADDRESS							•
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NAME	:						5.2 NAME									
STRE	ET ADDRESS						5.3 STREE	ET A	ADDRESS							
CITY-	ST-ZIP						5.4 CITY-S	ST-	-ZIP							
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NAME	.						6.2 NAME									
STRE	ET ADDRESS						6.3 STREE	T/	ADDRESS							
	ST-ZIP						6.4 CITY-5	ST-	-ZIP							
	I hereby c	ertify that the	e information supplied with	this f	iling does r	not qualify for th	e exempl	tio	on stated in	n Section	n 119.07(3)(i), Florida Statu	tes. I	further ce	rtify tha	t the in	formation
• •	indicated officer or of	on this annu- director of th	al report or supplemental a	innua er or i	l report is ti trustee emp	rue and accurate cowered to exe	te and tha cute this r	at i	my signatu port as requ	ure shall	have the same legal effect y Chapter 607, Florida Stat	as if	made und	ler oath	; that I	am an

SIGNATURE:

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