2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 08:00 AM Secretary of State

DOCUMENT # M30420 1. Entity Name ICE CREAMS INTERNATIONALE, INC.							
Principal Place of Business Mailing Address 401 BISCAYNE BLVD 401 BISCAYNE BLVD D-201 444 BRICKELL AVE #300 MIAMI, FL 33132 US		401 BISCAYNÊ BLVD 444 BRICKELL AVE #300					
	O NOT WRITE	IN THIS SPA	CE	02042004	No Chg-P	CR2E034 ((10/03)
				4. FEI Numbe 59-277			Applied For Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
MERKIN, S 444 BRICK STE 300 MIAMI, FL	6. Name and Address of Current RosTEWART A. KELL AVENUE 33131	egistered Agent			NOT WI THIS SP	. 1111	
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	d title if applicable (NOTE. Register 9. Election Campaign Fina	ed Agent signature required			DATE	-
10.	OFFICERS AND D	IRECTORS	- in an in a saw and a	- ialiai in ji li nd	e ntin win i ckerikatet	pięgiącii acaicai; i j	įze minininis il i
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD RIVERS, BRENDA J. 3627 DOUGLAS RD COCONUT GROVE, FL 33133						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					100000 12/12/04	047446 20041-00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP			755, 1.112, 10.15, 10.15				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

305 569-3062