FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M46875** **(4)**

1. Corporation Name
INTERNATIONAL CAPITAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~P O BOX 641600~~ ~~N MIAMI FL 33261-8600~~	~~P O BOX 641600~~ ~~N MIAMI FL 33261-8600~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/19/1987	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 18305 Biscayne Boulevard	26 18305 Biscayne Boulevard
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 North Miami Beach, Florida	City & State 28 North Miami Beach, Florida
Zip / Country 24 33160 / 25 U.S.A.	Zip / Country 29 33160 / 30 U.S.A.

4. FEI Number: 59-2771463 — ☐ 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	10. Name and Address of New Registered Agent
MATLUCK, MICHAEL M. 21430 N.E. 23RD AVENUE N. MIAMI BEACH FL 33180	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: Michael M. Matluck, president — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (Must be Registered Agent signature required when mandated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PST ☑ Change ☐ Addition
NAME	MATLUCK, MICHAEL M.	12 NAME	Matluck, Michael M.
STREET ADDRESS	13899 BISCAYNE BLVD #401	13 STREET ADDRESS	18305 Biscayne Blvd. Suite 200
CITY ST ZIP	N MIAMI BEACH FL	14 CITY ST ZIP	North Miami Beach, Florida 33160
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MATLUCK, KAREN S	22 NAME	
STREET ADDRESS	21430 NE 23 AVE	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	V ☐ Change ☑ Addition
NAME		32 NAME	Tait, Martin
STREET ADDRESS		33 STREET ADDRESS	18305 Biscayne Blvd. Suite 200
CITY ST ZIP		34 CITY ST ZIP	North Miami Beach, Florida 33160
TITLE		41 TITLE	V ☐ Change ☑ Addition
NAME		42 NAME	Zimmerman, Eric S.
STREET ADDRESS		43 STREET ADDRESS	18305 Biscayne Blvd. Suite 200
CITY ST ZIP		44 CITY ST ZIP	North Miami Beach, Florida 33160
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Michael M. Matluck — 4/25/95 — 305-936-1600
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0451072 FP