

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

FILED

Feb 18 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 # M49573 (2)
1. Corporation Name
INTERNATIONAL COMMERCIAL REALTY CORPORATION



Principal Place of Business 3550 BISCAYNE BOULEVARD 715 MIAMI FL 33137 US	Mailing Address 3550 BISCAYNE BOULEVARD 715 MIAMI FL 33137-3857 US
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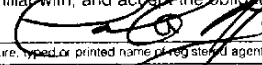
2. Principal Place of Business 21 1001 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. 22 320 City & State 23 FT. LAUDERDALE, FLORIDA Zip 24 33309 Country 25 USA	2a. Mailing Address 26 1001 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. 27 320 City & State 28 FT. LAUDERDALE, FLORIDA Zip 29 33309 Country 30 USA
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3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2819002	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AGUIRRE, CAMILO B. JR 14335 LAKE CANDELMWOOD CT. MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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CAMILO B. AGUIRRE SR.
60428 MIAMI LAKES DR, EASY
MIAMI LAKES FL 33014

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  CAMILO AGUIRRE - PRESIDENT 2/12/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE DPT AGUIRRE, CAMILO B. JR 14335 LAKE CANDELWOOD CT MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE SV AGUIRRE, CAMILO B. JR 14335 LAKE CANDELWOOD CT MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition D, P, T, S, V 60428 MIAMI LAKES DR, EASY MIAMI LAKES, FL 33014
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition

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  CAMILO AGUIRRE 2/12/97
954-202-9993 ext 103

CR2E034 (9/96)