

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M98646 (6)
1. Corporation Name

INNOVATIVE TELEMATICS, INC.



Principal Place of Business Mailing Address
**1101 BRICKELL AVE.
1004
MIAMI BEACH FL 33131**

3. Date Incorporated or Qualified **09/07/1988** 3a. Date of Last Report **10/25/1995**
4. FEI Number **65-0072309** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**LAZAR, BRUCE E.
C/O THERREL BAISDEN & MEYER WEISS
1111 LINCOLN ROAD, SUITE 500
MIAMI FL 33131**
NEW ADDRESS ->

10. Name and Address of New Registered Agent
81. Name **LAZAR, BRUCE E.**
82. Street Address (P.O. Box Number is Not Acceptable) **2901 COLLINS AVE STE. M**
83.
84. **MIAMI BEACH** FL 85. Zip Code **33140**

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 have read and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of signing officer or director _____ (SOLE Registered Agent signature required when filing change of agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKY, PEDRO	12 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1004	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, DIEGO	22 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1004	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAR, BRUCE E.	32 NAME	
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 500	33 STREET ADDRESS	2901 COLLINS AVE STE. M
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, CARLOS E	42 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1004	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, OSCARS L	52 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1004	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPERVANICHE, JOSE G	62 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1004	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	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(4)(g), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an address.

SIGNATURE: *Jose LEPERVANICHE* **JOSE LEPERVANICHE** **Aug 1, 96** **305-5779750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)