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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001826 (7)**

1. Corporation Name

**INTERNATIONAL CENTER FOR THE SEARCH AND RECOVERY
OF MISSING CHILDREN, INC.**



Principal Place of Business	Mailing Address
5448 HOFFNER AVENUE 406 ORLANDO FL 32812 US	5448 HOFFNER AVENUE 406 ORLANDO FL 32812-2515 US

2. Principal Place of Business	2a. Mailing Address
21 5456 Hoffner Avenue Suite, Apt. #, etc. 22 202-204 City & State 23 ORLANDO, FL. Zip 24 32812 Country 25 USA	26 5456 Hoffner Avenue Suite, Apt. #, etc. 27 202-204 City & State 28 ORLANDO, FL. Zip 29 32812 Country 30 USA

3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 01/31/1996
4. FEI Number 59-3184881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RAMAZINI, JOHNNY L 8552 HAVASU DRIVE ORLANDO FL 32829	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

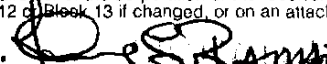
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RAMAZINI, JOHNNY
STREET ADDRESS	4548 S SEMORAN BLVD. #571-
CITY - ST - ZIP	ORLANDO FL 32822
TITLE	D <input type="checkbox"/> DELETE
NAME	HENDERSON, RICHARD L
STREET ADDRESS	2400 WEST 33RD ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLON, EDWARD
STREET ADDRESS	5280 HARLKEY RD
CITY - ST - ZIP	SAINT CLOUD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	IMPARATO, FRANK
STREET ADDRESS	3289 MORNING STAR CT
CITY - ST - ZIP	KISSIMMEE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	SPURLIN, BETTY
STREET ADDRESS	5390 HOFFNER AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RYCE, CLAUDINE D.
STREET ADDRESS	23700 SW 162ND AVENUE
CITY - ST - ZIP	HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Don Ryce,
1.3 STREET ADDRESS	5151 Collins Avenue
1.4 CITY - ST - ZIP	Suite 1036 Miami Beach, FL 33140
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramazini, Johnny L.
2.3 STREET ADDRESS	8552 Havasu Drive
2.4 CITY - ST - ZIP	Orlando, FL. 32829
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Johnny L. Ramazini** 11/03/97 1-407-382-7762

CR2E037 (9/96)