

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P32423** (6)
1. Corporation Name
INTERNATIONAL VOYAGER CORPORATION



Principal Place of Business Mailing Address
11900 BISCAYNE BLVD., STE 300 MIAMI FL 33181 **11900 BISCAYNE BLVD., STE 300 MIAMI FL 33181**

3. Date Incorporated or Qualified **01/08/1991** 3a. Date of Last Report **05/19/1995**
4. FEI Number **38-2956079** 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
SUGAR, PETER
11900 BISCAYNE BLVD.
SUITE 300
MIAMI FL 33181-9726

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 **FL**

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 _____ Signature typed or printed name of new registered agent in block 9
DATE _____ Date Registered Agent Set or Renewed (Block 10)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	CHEYFITZ, KIRK	
STREET ADDRESS	13 OXFORD BLVD	
CITY-ST-ZIP	PLEASANT RIDGE MI	
TITLE	VCV	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, HILLEL	
STREET ADDRESS	1230 N STATE, APT 22C	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	SUGAR, PETER	
STREET ADDRESS	1694 TRADING POST LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SUGAR, PETER	
STREET ADDRESS	1694 TRADING POST LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Greg Corona	
STREET ADDRESS	10366 NW 62nd Dr.	
CITY-ST-ZIP	Parkland, FL 33076	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greg Corona	
1.3 STREET ADDRESS	10366 NW 62nd Dr.	
1.4 CITY-ST-ZIP	Parkland, FL 33076	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Greg Corona 4/29/96 305-892-6644
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)