

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 # P39695 (2)

1. Corporation Name

INFLITE MANAGEMENT SERVICES (CAYMAN) LTD., INC.

Principal Place of Business

Mailing Address

9000 WEST SHERIDAN STREET, SUITE 134
PEMBROKE PINES FL 33024

9000 WEST SHERIDAN STREET, SUITE 134
PEMBROKE PINES FL 33024



2. Principal Place of Business

2a. Mailing Address

21 9000 W. Sheridan St

26 9000 W. Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 140

27 Suite # 140

City & State

City & State

23 Pembroke Pines, FL

28 Pembroke Pines, FL

24 33024

Country

29 33024

Country

25 U.S.A.

30 U.S.A.

3. Date Incorporated or Qualified

07/20/1992

3a. Date of Last Report

03/08/1995

4. FEI Number

65-0345012

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

REGISTERED AGENT SERVICES CO
444 BRICKELL AVE.
STE. 300
MIAMI FL 33131

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 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 type for printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when not applicable.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GODDARD, JOSEPH NATHANIEL
STREET ADDRESS CARLISLE HOUSE, HINKS ST
CITY - ST - ZIP BRIDGETOWN, BARBADOS

DELETE

TITLE V
NAME GODDARD, COLIN GLYNE
STREET ADDRESS CARLISLE HOUSE, HINKS ST
CITY - ST - ZIP BRIDGETOWN, BARBADOS

DELETE

TITLE S
NAME COMMERCE ADVISORY SERVICE, LTD.
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE T
NAME PRITCHARD, MARTIN J.K.
STREET ADDRESS CARLISLE HOUSE, HINKS ST
CITY - ST - ZIP BRIDGETOWN, BARBADOS

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

SIGNATURE:

Joseph N. Goddard JOSEPH. N. GODDARD. 7/8/96 (94) 438 9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Date of Filing

CR2E034 (3/96)