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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300002197 (0)

INTERNATIONAL HI-TECH, INC.

Principal Place of Business Mailing Address 16345 W DIXIE HIGHWAY #402 16345 W DIXIE HIGHWAY #402 NORTH MIAMI BEACH FL 33160-3708 NORTH MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1993 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 6501 PARK OF GUMERCE BLUD SAME 65-0468748 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #2-30 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 BOCA **Trust Fund Contribution** 28 Added to Fees Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032 25 Mzm BEACH Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLBY, MORTON 16345 W DIXIE HIGHWAY #402 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33160 83 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typicak or printed manner of registeneouspent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TIFLE 11 TITLE COLBY, MORTON NAME 1.2 NAME YARK OF COMMERCE BLUD. 97250 16345 W DIXIE HIGHWAY #402 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 1.4 CITY - ST - ZIP 00Y-ST-7P DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZF 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS City-SI-79 3 4. CITY - ST - ZIP DELETE Change Addition TATLE 4.1 TITLE NAM: 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z+ 4.4 CITY - ST - ZIP DELETE Change ___ Addition THE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY-ST-78 DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

6.3 STREET ADDRESS

64 CiTY - ST - ZIP

Too hereby cate with the increasion supplies with himly does not qualify in the exemptor state in decided in decided 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 13 it changed, or on an attachment with an address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

-15-97

\$1 995-7160

Dayt!

FILED

Jan 24 1997 8:00am

Secretary of State