

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000025425 (8)

1. Corporation Name

INTERNATIONAL TELEPASSPORT CORPORATION



Principal Place of Business

10462 N.W. 31ST TERRACE
MIAMI FL 33172

Mailing Address

10462 N.W. 31ST TERRACE
MIAMI FL 33172

2. Principal Place of Business

21 7601 SW Lost River Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 7601 SW Lost River Rd.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
04/07/1993

3a. Date of Last Report
05/02/1995

4. FET Number

65-0414840

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 ☐)

City & State

23 Stuart, FL

City & State

28 Stuart, FL

Zip

24 34997

Country

25 USA

Zip

29 34997

Country

30 USA

9. Name and Address of Current Registered Agent

TABOR, MARTIN
10462 NW 31 TERR.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

Tabor, Martin

82 Street Address (P.O. Box Number is Not Acceptable)

7601 SW Lost River Rd.

83

84 City

Stuart

FL

85 Zip Code

34997

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 607.0504, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

[Signature]

4/29/96

Signature typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when running for)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
TABOR, MARTIN A
10462 NW 31 TERR
MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PST
Tabor, Martin A.
7601 SW Lost River Rd.
Stuart, FL 34997
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin A. Tabor

4/29/96 (407) 220-0909
Date: Daytime Phone:

CR2E034 (12/95)