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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000044946 (0)

1. Corporation Name  
I.T.A. GLOBAL INC.

Principal Place of Business

4634 SOUTH 34TH ST  
ARLINGTON VA 22206  
US

Mailing Address

4634 SOUTH 34TH ST  
ARLINGTON VA 22206-1702  
US



2. Principal Place of Business

21 117 Hall Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 117 Hall Street  
Suite, Apt. #, etc.

City & State

22 Chagrin Falls, Ohio  
Zip Country

City & State

27 Chagrin Falls, Ohio  
Zip Country

24 44022

25 USA

29 44022

30 USA

9. Name and Address of Current Registered Agent

KARYO, MAX  
5539 N. MILITARY TRAIL  
#2002  
BOCA RATON FL 33496

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

52-1820560

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

10. Name and Address of New Registered Agent

1. Name

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

4. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.

I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct and that my signature shall have the same legal effect as if made under oath; that I have read this report as required by Chapter 607, Florida Statutes; and that my name is the name of the corporation as registered in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	KARYO, MARC	4634 S. 34TH ST	ARLINGTON VA	<input type="checkbox"/>
V	KARYO, MAX	5539 N. MILITARY TRAIL #2002	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	2	3	4	5
1.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	STREET ADDRESS			
1.3	CITY - ST - ZIP			
2.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	STREET ADDRESS			
2.3	CITY - ST - ZIP			
3.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	STREET ADDRESS			
3.3	CITY - ST - ZIP			
4.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	STREET ADDRESS			
4.3	CITY - ST - ZIP			
5.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	STREET ADDRESS			
5.3	CITY - ST - ZIP			
6.1	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	STREET ADDRESS			
6.3	CITY - ST - ZIP			
6.4	NAME			

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

I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct and that my signature shall have the same legal effect as if made under oath; that I have read this report as required by Chapter 607, Florida Statutes; and that my name is the name of the corporation as registered in the State of Florida.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 216-491-0555  
Date Daytime Phone #

CR2E034 (9/96)