

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
1115 N.W. 11th Street, Room 1000  
Tallahassee, Florida 32304-0001

APPROVED  
JUN 1 1995

DOCUMENT # P93000045264 (7)

1. Corporation Name

INTERNATIONAL CROSSOVER CORPORATION

06/25/1993

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|
| Principal Place of Business                   | Mailing Address                               |
| 2828 CORAL WAY<br>SUITE 300<br>MIAMI FL 33145 | 2828 CORAL WAY<br>SUITE 300<br>MIAMI FL 33145 |

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address  |
| 21 State: April 1995           | 26 State: April 1995 |
| 22 City & State                | 27 City & State      |
| 23 City & State                | 28 City & State      |
| 24 City & State                | 29 City & State      |
| 25 City & State                | 30 City & State      |

|                                                                                          |                                                          |
|------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date incorporated (or qualified)                                                      | 3a. Date of Last Report                                  |
| 06/25/1993                                                                               | 02/01/1994                                               |
| 4. FEI Number                                                                            | Applied For                                              |
| 65-0437876                                                                               | Not Applicable                                           |
| 5. Certificate of Status Desired                                                         | \$8.75 Additional Fee Required                           |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                | \$5.00 May Be Added to Fees                              |
| 8. This corporation has liability for corporate tax under 2-199-034,<br>Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                     |                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                     | 10. Name and Address of New Registered Agent                                                     |
| CRUZAMORA, ROBERTO<br>2828 CORAL WAY<br>SUITE 300<br>MIAMI FL 33145 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |

11. Pursuant to the provisions of Sections 601, 602, and 603, 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 601, 602, and 603, Florida Statutes.

SIGNATURE: *[Signature]*

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                         | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. TITLE<br>5. NAME<br>6. STREET ADDRESS<br>7. CITY & STATE<br>8. TITLE<br>9. NAME<br>10. STREET ADDRESS<br>11. CITY & STATE<br>12. TITLE<br>13. NAME<br>14. STREET ADDRESS<br>15. CITY & STATE<br>16. TITLE<br>17. NAME<br>18. STREET ADDRESS<br>19. CITY & STATE<br>20. TITLE | 21. NAME<br>22. STREET ADDRESS<br>23. CITY & STATE<br>24. TITLE<br>25. NAME<br>26. STREET ADDRESS<br>27. CITY & STATE<br>28. TITLE<br>29. NAME<br>30. STREET ADDRESS<br>31. CITY & STATE<br>32. TITLE<br>33. NAME<br>34. STREET ADDRESS<br>35. CITY & STATE<br>36. TITLE<br>37. NAME<br>38. STREET ADDRESS<br>39. CITY & STATE<br>40. TITLE<br>41. NAME<br>42. STREET ADDRESS<br>43. CITY & STATE<br>44. TITLE<br>45. NAME<br>46. STREET ADDRESS<br>47. CITY & STATE<br>48. TITLE<br>49. NAME<br>50. STREET ADDRESS<br>51. CITY & STATE<br>52. TITLE<br>53. NAME<br>54. STREET ADDRESS<br>55. CITY & STATE<br>56. TITLE<br>57. NAME<br>58. STREET ADDRESS<br>59. CITY & STATE<br>60. TITLE |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the compliance stated in Sections 601, 602, and 603, Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report, or on an affidavit brought with an affidavit.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR