

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000038433 (6)

1. Corporation Name

ICELAND PRIME TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

~~12016 SW 134TH CT
MIAMI FL 33186~~

~~12015 SW 134TH CT
MIAMI FL 33186~~

3. Date Incorporated or Qualified 05/18/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0594585 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5945 SW 91 Street	2a. Mailing Address 26 5945 SW 91 Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33156	25 Country
29 Zip 33156	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERENCIK, ROBERT E
150 S. PINE ISLAND RD.
SUITE 400
FT. LAUDERDALE FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLDORSSON, RAGNAR	1.2 NAME	
STREET ADDRESS	GONHOLL 30	1.3 STREET ADDRESS	
CITY-ST-ZIP	260 NJARDVIK IC	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINARSSON, HARALDUR	2.2 NAME	
STREET ADDRESS	C/O ISLENSKIR ADALVERKTAKAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEFLVIKURFLUGVOLLUR IC	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSSON, PAUL	3.2 NAME	
STREET ADDRESS	LATRASTROND 21	3.3 STREET ADDRESS	
CITY-ST-ZIP	170 SELTJARNARNES ICELAND	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Oska Valdimarsson, Power of Attorney* 11/15/96 (305) 232-3255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)