FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042074 (2)

INTERNATIONAL TOURIST & MANAGEMENT CONSULTANTS, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
3615 NE 2071	TH STREET. SUITE 3310	3615 NE 207TH STRE	ET. SUITE 33	10	
AVENTURA FL 33180		AVENTURA FL 33180			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Oringinal Pl	ace of Business	2a. Mailing Address			06/06/1994 4. FEI Number Applied For
	ace of Business	⊢ •			NOT APPLICABLE Not Applicable
Suite, Apt.	# ato	Suite, Apt. #, etc.			\$8.75 Additional
22	#, G (C.	27			5. Certificate of Status Desired Fee Required
City & State	-	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	-1 · · ·		Trust Fund Contribution Added to Fees
Zip	Country Zip			itry	8. This corporation owes or has pald the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. Yes No
#-V	9. Name and Address of Curre				10. Name and Address of New Registered Agent
RE	RTHOLD, HOLLY			B1 Na	lame
3615 NE 207TH STREET, SUITE 3310			}	62 Street Address (P.O. Box Number is Not Acceptable)	
	J10	62 Street Add		arrest Address (P.O. Box Number is Not Acceptable)	
7"	ENTURA FL 33180		Ī	B3	
			1		
•				B4 Cit	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508. Florida Sta	itutes, the ab	ove-nan	
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.					
	m terminar with, and accept the oblig		Florida Statt	iles.	March 18th, 98
SIGNATURE	Signature, typed or printed name of registered ag		NO1E: Registered	Agent sign	gnature required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TIT	.E	President Change Addition
NAME	KROSE, GEORGE		1.2 NA	ME	Berthold Holly
STREET ADDRESS	MARKTSTR 17		1.3 STI	EET AODRE	
CITY-ST-ZIP	MUNICH, GERMANY			Y-ST-ZIP	1
TITLE	D	₩ DELETE	2.1 TIT		Vice President Change Addition
NAME	HOLLY, BERTHOLD	•	2.2 NA	νE	Educia Lorse
STREET ADDRESS	3615 NE 207TH STREET, SU	JITE 3310	2.3 STI	EET ADDRE	DRESS 244 Three Islands Blud , April 112
CITY-ST-ZIP	AVENTURA FL 33180			Y-ST-ZIP	
TITLE	1	₩ DELETE	3.1 TIT		Change Addition
NAME	LORSE, EDWIN	*******	3.2 NA		
STREET ADDRESS	125 ISLE OF VENICE APT 10	1		ieet addre	PRESS .
CITY-ST-ZIP	FORT LAUDERDALE FL 3330			Y-ST-21P	
TITLE	, Jill Biobenbrice i c ooot	DELETE	4.1 10		" Change Addition
NAME			4.2 NA		
STREET ADDRESS				eet addre	PRESS
				Y-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 TIT		Change Addition
į.		/	5.1 MA		
NAME	_			nic IEET ADDRE	ndecc
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 C/I 6.1 T/IT	Y-ST-ZIP	P Change Addition
TITLE					Change Li Addition
NAME			6.2 NAI		.mea
STREET ADDRESS				EET ADDRE	1 /
CITY-ST-ZIP	artify that the information manual	with this filing does not swelld		Y-ST-ZIP	
indicated	on this annual renort or supplied v	al annual report is true and a	accurate and	that my	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ny signature shall have the same legal effect as if made under oath; that I am an

indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same regardless it made under darn; that I am a 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 or an attachment with an address.