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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

Secretary of State
DIVISION OF CORPORATIONS

| | 330 | | | - | |
|--|---|--|---|--|--|
| OCUM , Corporation N | | 0053158 (9) | | | |
| | IIP TRADE AND INVESTME | ENT, INC. | | 4 INGHANI SIR (RIJA AIRI) ANKI RAHI | ##(4) ##(1) #(4)# (4)# (4)# (4)# (4)# (4)# (4)# (4 |
| | | | | | |
| Principal Place of | f Business | Mailing Address | | T i ### i ## i ## i ## i ## i ## i ## i | SOLIT ZAIS! Ginde stast inset eiser estr imm |
| 780 NE 69 STF | REET | 780 NE 69 STREET 1810 | | | |
| #1810 MIAMI FL 3313 | 31 | MIAMI FL 33131 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| U\$ | | US | | 07/19/1994 | 07/07/1995 |
| . Principa! Place | e of Business | 2a. Mailing Address | | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| Suite, Apt. #, | etc | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional |
|] | | 27 | | | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | B. This corporation has liability for i | ntangible tax under s 199.032, |
| | 9. Name and Address of Curren | 1=+1 | 30 | Florida Statutes Yes 10. Name and Addréss of New R | |
| | 9. Name and Address of Curren | i negistereo Agoin | 81 Name (L) | OODHOUSE LIEK J | |
| WOODHOUSE, PETER JOHN | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable 2 83 2 N.E. 25 Til S | le) |
| | / 55TH AVENUE | | 83 | 2832 N.E. 25TH S | IVECI |
| PLANIAI | ΠΟΝ FL 33317 | | | | 85 Zip Code |
| | | | | ORT LAUNERDALE | - FL FL 33335 |
| 11. Pursuant to | the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, da. Such change was authorized | the above-named corpor by the corporation's boar | ation submits this statement for the pured of directors. I hereby accept the app | pose of changing its registered only pintment as registered agent. I am |
| | n, and accept the obligations of, Sect | ion 607.0505, Florida Statutes. | TER JOHN W | 3824HAG0 | 20.11,96° |
| Signature _ s | Signature, typed or printed name of registered agent | and title if applicable INOTE: | Registered Agent signature require | | |
| IZ. | OFFICERS AN | D DIRECTORS | الم 13. | | Change Addition |
| IAME | WOODHOUSE, PETER J | _ | 1.2 NAME | OCDHOUSE PITER J | |
| STREET ADDRESS | 1580 SW 55TH AVE | | 1.3 STREET ADDRESS 2 | 832 M.C. 15TH STACE TO BY LHODERBALE TL 33 | 308 |
| DITY-ST-7IP | PLANTATION FL 33317 | ☐ DELETE | 1.4 CITY-ST-ZIP F-C | IXI PHONERONIC TE | Change Addition |
| NAME | RAMSDEN, JACK | | 22 NAME | | |
| STREET ADDRESS | 780 NE 69 STREET #1810 MIAMI FL 33131 | | 2.3 STREET ADDRESS | = | |
| CITY - ST - ZIP | MIAMI FL 33131 | DELETE | 2 4 CITY - ST - ZIP 3. 1 TITLE | | Change Addition |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3.3. STREET ADDRESS | | |
| OTHER PROPERTY | | | 0.1.0 DV 61.700 | | |
| CITY-ST-ZIF | | DELETE | 3.4 CTIY - S1 - ZIP 4. 1 TITLE | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4. 1 TITLE 4.2 NAME | | Change Addition |
| CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ DELETE | 4. 1 TITLE 4.2 NAME | | |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | Change Addition |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐} DELEŦE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | Change Addition |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE | | ☐} DELEŦE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 5.3 STREET ADDRESS | | Change Addition |
| CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP | by certify that the information supplied | ☐ DETELE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP | for the exemption stated in Section 11 | Change Addition Change Addition |
| CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SY-ZIP TITLE NAME STREET ADDRESS CHY-SY-ZIP TITLE NAME STREET ADDRESS CHY-SY-ZIP 14. I do hereb certify that | t the information indicated on this and Law an officer or director of the core | DELETE DELETE DELETE J with this filing is voluntarily furnishual report or supplemental annu- | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP shed and does not qualify all report is true and accure | for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, I | Change Addition Change Addition Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb certify that | by certify that the information supplied the information indicated on this and I am an officer or director of the corporation Block 12 or Block 13 if changed, or | DELETE DELETE J with this filing is voluntarily furnishual report or supplemental annularily for the receiver or trustee on an attachment with an address on an attachment with an address of the receiver or trustee. | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP shed and does not qualify all report is true and accurempowered to execute these. | for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, I | Change Addition Change Addition Change Addition Or(3)(k), Florida Statutes. I further e same legal effect as if made under clorida Statutes; and that my name |