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May 02 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 # P94000062318 (8)

1. Corporation Name
ICT INTERNATIONAL CONSULTING AND TRADING, INC.



Principal Place of Business
**1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154**

Mailing Address
**1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154-2029**

3. Date Incorporated or Qualified
08/22/1994 3a. Date of Last Report
05/01/1996

4. FEI Number
65-0538648 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**OTT, MARION K
11 ONE 134 STREET
NO. MIAMI BEACH FL 33161**

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P OTT, MARION U.**
STREET ADDRESS **110 N.E. 134 ST.**
CITY-ST-ZIP **N MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.1 NAME
1.1 STREET ADDRESS
1.1 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.1 NAME
2.1 STREET ADDRESS
2.1 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.1 NAME
3.1 STREET ADDRESS
3.1 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.1 NAME
4.1 STREET ADDRESS
4.1 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.1 NAME
5.1 STREET ADDRESS
5.1 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.1 NAME
6.1 STREET ADDRESS
6.1 CITY-ST-ZIP

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.

SIGNATURE

[Signature]

[Signature]

CR2E034 (9/96)