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



Sandra B. Mortham

CORPORATION ANNUAL REPORT		FLORIDA DEPARTI Sandra B. I Secretary DIVISION OF CO	Mortham of State	Apr 17 1998 8:00am Secretary of State	
	MENT # P9400 TERNATIONAL CONSULTIN	00062318 (8) NG 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		DO NOT WRITE IN 3. Date Incorporated or Qualified	
2 Penning Bi	ace of Business	2e. Mailing Address		08/22/1994 4. FEI Number	I Applied For
21		26		65-0538648	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	he current year Intangible
24	9. Name and Address of Curre	29 30 ent Registered Agent	0	Personal Property Tax due June 30. 10. Name and Address of New Regist	
OTT, MARION K 11 ONE 134 STREET NO. MIAMI BEACH FL 33161 82 Street Address (P.O. Box hymner is Not Acceptable) 83 84 City Surffice DE FL 85 30154					FL 85 353954
office or re agent. Lar SIGNATURE	egistered agent, or both, in the Stal in familiar with, and account the obli	te of Florida, Such change was aut getions of, Section 607.0505, Florid	the should somed some	oration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its registered to appointment as registered -2-98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P OTT, MARION U. 110 N.E. 134 ST. N MIAMI FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DECETE	2. 4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>	Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP			64 CITY-ST-ZIP		

I 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 sport 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 control 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 charts.

SIGNATURE:

-2-98

FILED