


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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000011261 (1)</b> 1. Corporation Name <b>INTERNATIONAL CYBERTRADE, INC.</b>		



Principal Place of Business <b>17890 N.E. 31ST COURT SUITE 3101 MIAMI FL 33180</b>	Mailing Address <b>17890 N.E. 31ST COURT SUITE 3101 MIAMI FL 33180-5013</b>
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2. Principal Place of Business 21 <b>1140 Queen Palm Ct</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1140 Queen Palm Ct.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/09/1995</b>	3a. Date of Last Report <b>08/23/1996</b>
22 City & State 23 <b>Hollywood FL</b> Zip Country 24 <b>33019</b> 25 <b>USA</b>		27 City & State 28 <b>Hollywood, FL.</b> Zip Country 29 <b>33019</b> 30 <b>USA</b>		4. FEI Number <b>65-0554102</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEHMAN, SCOTT D 17890 N.E. 31ST COURT SUITE 3101 MIAMI FL 33180</b>		10. Name and Address of New Registered Agent 81 Name <b>Lehman, Scott D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1140 Queen Palm Ct.</b> 83 84 City <b>Hollywood</b> <b>FL</b> 85 Zip Code <b>33019</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEHMAN, SCOTT</b>	1.2 NAME	<b>Pamela Lehman</b>
STREET ADDRESS	<b>17890 N.E. 31ST COURT #381</b>	1.3 STREET ADDRESS	<b>1140 Queen Palm Court</b>
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	1.4 CITY-ST-ZIP	<b>Hollywood FL 33019</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, unchanged, or on an attachment with an address.

SIGNATURE:  **SCOTT D. LEHMAN** 4/10/97 954.922.1718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)