

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015111 (4)

1. Corporation Name:

OTS INTERNATIONAL, INC.



Principal Place of Business: % LAW OFFICES OF J. FROST WALKER, III, ESO
3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134

Mailing Address: % LAW OFFICES OF J. FROST WALKER, III, ESO
3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 1521 CATALONIA AVE
2a. Mailing Address: 26 1521 CATALONIA AVE

4. FEI Number: 65-0578360
Applied For: Not Applicable

Suite, Apt. #, etc.:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 CORAL GABLES FL
28 CORAL GABLES FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33134
Country: 25 USA
Zip: 29 33134
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 type (printed name of registered agent and the Corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV ILIFFE, STUART B % 3211 PONCE DE LEON BLVD., STE. 202 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST ILIFFE, NANCY L % 3211 PONCE DE LEON BLVD., STE. 202 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	1521 CATALONIA AVE	
14 CITY-ST-ZIP	CORAL GABLES FL 33134	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	1521 CATALONIA AVE	
24 CITY-ST-ZIP	CORAL GABLES FL 33134	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart B. Iliffe

7/22/96

DATE

305 666 2628

REGISTERED AGENT

CR2E034 (3/96)