PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000025583 1. Corporation Name

INTERNET COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business	Mailing Address
1020 NW 163RD DR.	1020 NW 163RD DR.
NORTH MIAM! FL 33169	NORTH MIAMI FL 33169

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90230 009 ***150.00



1020 NW 163RI NORTH MIAM!)20 NW 163RD DR. ORTH MIAMI FL 33169				DO NOT WRIT 3. Date Incorporated or Qualifed 03/30/1995	E IN THIS S	SPACE		
2. Principal Pl	lace of Business	2a.	. Mailing Address	<u>.</u> .			4. FEI Number	-	2 -	Applied F	-or
21		26					65-0570711			Not Appli	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		-		5. Certificate of Status Desired			5 Addition	
22		27							····	Required	
City & State	e	<u> </u>	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May B ed to Fees	
23 Zip	Country	28	Zip	Cour	ntrv		8. This corporation owes the curre	ent vear Inta		30 10 1 000	
_	25	29	The state of the s	30	,		Personal Property Tax.	one your man	Yes	□No	, !
24	9. Name and Address of Current			<u> </u>			10. Name and Address of New R	egistered A	gent		
					81	Name					
ALAN CAHAN, RICHARD J ESQ.			}	82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	BECKER & POLIAKOFF, P.A.		3		on dot , tod						
	1 BLUE LAGOON DRIVE, SUITE	100			83						
MIAI	MI FL 33126					City			85 Z	Zip Code	-
						,		<u> </u>	<u>Щ</u>		
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florid tions of	da. Such change was au , Section 607.0505, Flor	uthorized rida Statu	l by i ⊔tes.	the corporation	's board of directors. I hereby accep	t the appoin	tment as	s registere	:d
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOTE:	Registered	Agen	t signature required t		DATE			
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D		☐ DELETE	1.1 TIT	TLE				☐ Chan	,ge ⊔,	Addition
NAME	Hurwitz, Elmer			1.2 NA	ME						J
STREET ADDRESS	1020 NW 163RD DR.			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI FL 33169			1.4 CIT		T-ZIP					Addition
TITLE	D								Chan		Aculion
NAME			☐ DELETË	2.1 TIT		j			Chan	Эч П.	,
STREET ADDRESS	HURWITZ, ROBERT		☐ DELETE	2.2 NA	ME		. —		Chan	Эч Ш.	
STREET ADDRESS	1020 NW 163RD DR.	-	U DELETE	2.2 NA 2.3 ST	ME REET	r adoress			Chan	. 3 ° Ш.	
CITY-ST-ZIP	1020 NW 163RD DR. NORTH MIAMI FL 33169	-		2.2 NA 2.3 STI 2.4 CI	WE REET ITY-S	1	. — . —				Addition
CITY-ST-ZIP	1020 NW 163RD DR. NORTH MIAMI FL 33169 D	-	☐ DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT	ME REET ITY-S TLE	1			Chan		Addition
CITY-ST-ZIP TITLE NAME	1020 NW 163RD DR. NORTH MIAMI FL 33169 D NEPTUNE, JOAN	-		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	WE TREET TY-S TLE WE	iT-ZIP					Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1020 NW 163RD DR. NORTH MIAMI FL 33169 D NEPTUNE, JOAN 1020 NW 163RD DR.	-		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	ME TREET TY-S TLE AME TREET	T ADDRESS					Addition
City-St-Zip Title Name Street address City-St-Zip	1020 NW 163RD DR. NORTH MIAMI FL 33169 D NEPTUNE, JOAN 1020 NW 163RD DR. NORTH MIAMI FL	-	☐ DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	ME TREET TY-S TLE ME TREET	T ADDRESS				v —	Addition .
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1020 NW 163RD DR. NORTH MIAMI FL 33169 D NEPTUNE, JOAN 1020 NW 163RD DR. NORTH MIAMI FL D NEPTUNE, MARK	-	☐ DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA	TREET TLE TREET TY-S TLE TREET TY-S TLE AME	T ADDRESS			Chan	v —	,
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14. 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 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: