

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042728 (2)

1. Corporation Name

INTERNATIONAL CHEMICAL DISTRIBUTORS INC.



Principal Place of Business

Mailing Address

18524 NORTH WEST 67TH AVENUE
SUITE 202
MIAMI FL 33015

18524 NORTH WEST 67TH AVENUE
SUITE 202
MIAMI FL 33015

3. Date Incorporated or Qualified
05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18520 N.W. 67 AV.

26 18520 N.W. 67 AV.

4. FEI Number

Applied For

65-0589734

Not Applicable

22 SUITE 202

27 SUITE 202

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 MIAMI, FL 33015

28 MIAMI, FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKERMAN, LEE E
18524 NORTH WEST 67TH AVENUE
SUITE 202
MIAMI FL 33015

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 resigning.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BAKERMAN, MARTIN R
STREET ADDRESS 18524 NORTH WEST 67TH AVENUE
CITY-ST-ZIP MIAMI FL 33015

TITLE ST
NAME BAKERMAN, LEE E
STREET ADDRESS 18524 NORTH WEST 67TH AVENUE
CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

MARTIN BAKERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

(305) 829-5232

CR2E034 (3/96)