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FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060292 (6)

1. Corporation Name

INFRASTRUCTURE DEVELOPMENT CORPORATION, INTERNAT
IONAL

Principal Place of Business

6295 NE 20 AVE
FT LAUDERDALE FL 33308

Mailing Address

5295 NE 20 AVE
FT LAUDERDALE FL 33308-3120



3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

11/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0703786

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

LOFGREN, TORBJORN G
5295 NE 20 AVE
FT LAUDERDALE FL 33308

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LOFGREN, TORBJORN G
STREET ADDRESS 5295 NE 20 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

DELETE

TITLE D
NAME RONNING, ROLF K.K.
STREET ADDRESS HUSVIKVEIEN 159, N-3124
CITY-ST-ZIP TONSBORG, NORWAY

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE D
3.2 NAME DEAS, JAMES E
3.3 STREET ADDRESS 443-101 HAMTON CREST CIRCLE
3.4 CITY-ST-ZIP HEATHROW, FL 32746-0000

Change Addition

4.1 TITLE D
4.2 NAME KARUKAKALAM, FELIX MATHEW
4.3 STREET ADDRESS 83 HEITZ PLACE, HICKSVILLE
4.4 CITY-ST-ZIP NY 11801

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Torbjorn G. Lofgren

SEP 17 1997 (954) 938-8078

CP2E034 (9/96)