

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

FILED  
Jul 15 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000071747 (6)**

1. Corporation Name

**IKTOUS TRADING INC.**

Principal Place of Business

**330 E. ROYAL PALM ROAD  
BOCA RATON FL 33432**

Mailing Address

**330 E. ROYAL PALM ROAD  
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

|   |                            |   |                            |   |  |
|---|----------------------------|---|----------------------------|---|--|
| 2. Principal Place of Business          |                            | 2a. Mailing Address                     |                            | 3. Date Incorporated or Qualified<br><b>09/18/1995</b>  |  |
| 21                                      | <b>3545 S. Ocean Blvd.</b> | 26                                      | <b>3545 S. Ocean Blvd.</b> | 4. FEI Number<br><b>65-0686778</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| Suite, Apt. #, etc.<br>22 <b>615</b>    |                            | Suite, Apt. #, etc.<br>27 <b>615</b>    |                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| City & State<br>23 <b>Palm Beach FL</b> |                            | City & State<br>28 <b>Palm Beach FL</b> |                            | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| Zip<br>24 <b>33430</b>                  | Country<br>25 <b>USA</b>   | Zip<br>29 <b>33430</b>                  | Country<br>30 <b>USA</b>   | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**GUICHARD, CHRISTIAN  
330 E. ROYAL PALM RD.  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

|    |  |                                    |                                |
|----|--|------------------------------------|--------------------------------|
| 81 | Name   | <b>FRED WEINSTEIN, Esq.</b>        |                                |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | <b>1903 S. Ocean Blvd. ste 310</b> |                                |
| 83 |  |                                    |                                |
| 84 | City   | <b>Boynton Beach</b>               | 85 Zip Code<br><b>FL 33426</b> |

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

*Fred Weinstein*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/1/98**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>GUICHARD, CHRISTIAN</b>                          | 1.2 NAME  | <b>MARC LOPASKY</b>  |
| STREET ADDRESS             | <b>330 EAST ROYAL PALM ROAD</b>                     | 1.3 STREET ADDRESS                                    | <b>3545 S. Ocean Blvd # 615</b>  |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                          | 1.4 CITY-ST-ZIP                                       | <b>Palm Beach FL 33430</b>   |
| TITLE                      | <b>VST</b> <input type="checkbox"/> DELETE          | 2.1 TITLE   | <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>GUICHARD, VIRGINIA</b>                           | 2.2 NAME  | <b>Virginia Guichard</b>   |
| STREET ADDRESS             | <b>330 EAST ROYAL PALM ROAD</b>                     | 2.3 STREET ADDRESS                                    | <b>3545 S Ocean Blvd # 615</b>   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                          | 2.4 CITY-ST-ZIP                                       | <b>Palm Beach, FL 33430</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE   | <b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  | <b>KERRY A. LOPASKY</b>  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    | <b>3545 So. Ocean Blvd. #615</b>   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       | <b>Palm Beach, FL 33430</b>  |
| 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 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 recorder 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:

*Christian Guichard*

**7/1/98**

**561-391-6192**

CR2E034 (10/97)