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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

. 1997 POECONO POE

FILED Apr 14 1997 8:00am Secretary of State

DOCUMENT # P95000073832 (4) INTERNATIONAL EATS, ING- CICHCI International Communications Inc. Principal Place of Business 1475 W CYPRESS CREEK ROAD SUITE 204 FT LAUDERDALE FL 33309 Mailing Address 1475 W CYPRESS CREEK ROAD SUITE 204 FT LAUDERDALE FL 33309-1945					#					
					09/	e Incorporated 25/1995		ate of Last F /01/1996	Report	
— <i>'</i>	lace of Business	2a. Mailing Address				Number 5-0612538		}~~ ~	oplied For	
Suite, Apl	#, etc.	Suite, Apt. #, etc.							ot Applicable Additional	
22		27				5. Certificate of Status Desired Fee Required				
City & State	9		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees				
23 Zip	Country	Z ip	Cou	intry			as liability local			
24	25	29	30			da Statutes	Yes		, 100.002,	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Nan	ne and Addre	ss of New Registered	Agent		
GOLDING, STEPHEN M 1475 W CYPRESS CREEK ROAD SUITE 204 FT LAUDERDALE FL 33309					·					
				82 Street	Address (P.O. E	ddress (P.O. Box Number is Not Acceptable)				
	SADDLIBALL I E 00000			83	 		· · · · · · · · · · · · · · · · · · ·			
			84 City	······································	· . · · · · · ·		es Zio	Code		
	b		e above-named corporation submits this statement for the purposized by the corporation's board of directors. I hereby accept the Statutes.			FL				
SIGNATURE	Signal on Typed or protein name of registered as OFFICERS AN	perr and title if applicable. (NO ND DIRECTORS	TE: Registere	d Agent signaturi	e required when reinst ADDI		DATE SES TO OFFICERS AN			
TOLE	D	☐ DELETE	1.1 7	TLE	D			Change	X Addition	
NAME	NAME STREET ADDRESS KAHN FAMILY LIMITED PARTNERSHIP 1475 W CYPRESS CREEK ROAD SUITE 204			AME		obert Kahn 475 W. Cypress Creek Road, Suite 2			204	
City-St-Zip	FT LAUDERDALE FL	OND COIL LOT	ı	TREET ADDRESS ITY-ST-ZIP			FL. 33309	Surre	204	
TITLE		☐ DELETE	2.1 T		re. Dau	ieruare,	111, 33309	Change	Addition	
NAME			2.2 N	AME						
STREET ADDRESS			235	REET ADDRESS						
CITY - ST - ZIII:		I DUETE		ATY-ST-ZIP				T Chance	T And tion	
TITLE		☐ DELETE	3.1 7		1			Change	Addition	
NAME STREET ADDRESS			3.2 N	ame Taeet address						
City - St - ZIP				CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 T		<u> </u>			Change	Addition	
NAME			4, 21	MME						
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ÇIIY-SI-Z⊮		T		TY-ST-ZIP		·		T Course		
TITLE		DELETE	5.1 T				$\nabla u dy$	Change	Addition	
NAME CENTER ADDRESS			5.2 N				£ 14-701			
STREET ADDRESS				TREET ADDRESS			421			
CITY-ST-7#P		DELETE	5.4 U	ity-st-zip Tle	 		*	Change	Addition	
NAMÉ		looptest an account to	6.2 N		[6	SQQQI	021430 97010090	56		
STREET ADDRESS				TREET ADDRESS		-04/15/	97010090	104		
CITY-ST-ZIF				ITY-ST-ZIP	}	***165.1	30 ,			
14. i do herei	by certify that the information supplied indicated on this annual report or	ed with this filing does not qua	ify for the	exemption :	stated in Section	119.07(3)(i), I	lorida Statutes I furthe	r certify that	t the	

4. 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, occur an affactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAND OF DEAT OR DIRECTOR

Daylir

Daytime Phone #